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HEALTH AND SOCIAL SERVICES IN HAMILTON-WENTWORTH

a Report Submitted to
THE HAMILTON-WENTWORTH REGION REVIEW COMMISSION


by
Hugh R. Hanson
in association with Philippa McKen

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PREFACE

This report of the Health and Social Services in Hamilton-Wentworth was commissioned by the Hamilton-Wentworth Region Review Commission.

Work on the study began in late October, 1977, with some initial data collection. Interviews were held with a number of provincial and regional officials, as well as with local politicians and private service providers. A discussion session was also held with representatives of the Council of Advocates. A list of the interviews may be found in Appendix A.

This study has concentrated on the elements of the health and social service systems that are financed at least in part by local government. In each case, we have tried to put those services within the context of the larger system of services. We have not tried to do a comprehensive review of the effectiveness of the entire service system in the region, nor have we explored the implications of such possible changes as a consolidation of the two systems into one. Instead, we have tried to focus our attention on those aspects of the services that may affect, or be affected by, local government in the Region.

We want to express our sincere thanks to all those who have assisted in this study. In particular we would like to mention the efforts made by members of the Regional Social Services Department, who were so helpful in obtaining information that was otherwise unavailable.

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SOCIAL SERVICES

SUMMARY

There are nearly as many definitions of "social services" as there are authors who have written about them. It is not our purpose here to add to the supply of alternative definitions, but it is necessary to describe in general terms the sorts of services that are dealt with in this section. For our purposes, the social services are the payments and services that are financed out of the social services budget of the Regional Municipality, and similar payments and services financed by other levels of government and by the private sector.

The field is by no means discrete, since there are many examples of social services being nearly indistinguishable from health services, employment services, and the like. Nonetheless lines have to be drawn and in some instances these lines must be arbitrary. We have tried to identify all those payments and services that are provided to people who are disadvantaged for social and economic reasons - considering this to be the hallmark of social rather than other services. The disadvantages of certain physical disabilities also gives rise to what are commonly considered to be social services, and we treat these in this section, too.

Social services have developed over the years through the initiatives of both individuals and governments. They have never, in Ontario, been consolidated into what anyone with respect for the language could call a "system," though many of them do work closely one with the other, often in quite a systematic way. Responsibility for the services is diffuse, as are planning and accountability. Though there is general consensus among practitioners and students

of the field that considerable benefits could be derived from bringing greater cohesion to these services, the opportunity of the Commission to make a significant contribution to this goal is, in our opinion, severely limited.

The programs are broadly of two types. The first is direct payments to individuals to provide or supplement income to the end that the recipients have sufficient to live in a manner that allows at least a modicum of dignity and self-respect, and a minimal sufficiency of food, shelter and clothing to ensure a healthy life. The federal government has its Family Allowances, immigrant subsidies, Old Age Security and associated Guaranteed Income Supplement, and several other programs of a more or less similar nature. The Province has its Family Benefits program for the long-term unemployable, Workmen's Compensation, Vocational Rehabilitation payments, legal aid payments for citizens in certain circumstances, and certain others. The regional government, like all organized municipalities in the province, provides General Welfare to people in need. Certain private charities and quasi-private agencies, such as the Children's Aid Societies will provide occasional temporary financial assistance when faced with instances of severe and immediate need.

The second broad type of program is the direct service to individuals and families. The federal government provides reception and orientation services to immigrants, for example, as well as certain specialized services to veterans and native peoples. Some of the federal job creation and counselling services might be thought to fall within this category. The province has programs of personal counselling, referral and information services for recipients of Family Benefits, and undertakes vocational training programs for the disabled. The whole mental retardation service

is another example of a provincial program in this field. The Region has a range of such services, including counselling, day care, homes for the aged, and vocational training. Private and quasi-private sector services include CAS care of children, adoption, day care, counselling, and many others.

Role of Council and Accountability

The Regional Council has a very important role to play in the provision of social services in the Hamilton-Wentworth area. The Regional Council supports services both by delivering them directly itself, through the Regional Social Services Department and its homes for the aged, and by providing financial assistance to other organizations in the area. In some instances, such as the Children's Aid Societies, this financial assistance is required by provincial legislation, though the actual amount may be open to negotiation. In other instances, the support is given through contracts with private organizations to provide service to approved classes of clients; in still others direct operating grants are paid to the agencies.

By far the greatest part of the Region's expenditures on social services are for payments under The General Welfare Assistance Act, and are mandatory under the legislation. Even for this, however, the Council has some discretion, as illustrated by the decision in 1976 to tighten up the criteria for welfare payments to people who had voluntarily left their jobs. Within the bounds of legislation, the Council exercises its discretion, using the Social Services and Finance Committees to advise it. The staff work for this area is done primarily by the personnel of the Social Services Department.

To manage the two old age homes operated by the Region, there are two sub-committees of the Social Services Committee of Council. Each has responsibility for one of the Homes, and obtains its staff assistance from the staff of the respective Homes.

Accountability for the services provided directly by the Region is thus assured through the normal democratic process. Similarly, the support given by the Region to outside agencies is subject to approval by Council, after review by the appropriate committees.

Impact of Special Purpose Bodies

The major special purpose bodies in the social service field in Hamilton-Wentworth are the two Children's Aid Societies. This is one of only three areas in the province where two CAS's are in existence (the others are Essex and Metropolitan Toronto). One Society is non-sectarian and the other serves the Roman Catholic community.

The CAS's operate under the terms of The Child Welfare Act of Ontario, and enjoy a large measure of independence from the municipal government. Four Regional Councillors are appointed by the Region to each of the Societies' boards of directors, and they also serve ex-officio on the executive committees of those Societies, as provided by the legislation. CAS budgets are presented by the Societies to the Finance Committee of the Region, and after approval by Council are forwarded to the Ministry of Community and Social Services for final determination. Such are the working relationships of the Councillors on the Society boards that approval of CAS budgets as presented has invariably been given by Regional Council. Accordingly, though there is a case to be made in theory about the independence

of CAS's diminishing Regional control over the expenditures they make (Council is responsible for raising 20% of the CAS budgets), in practice there is a quite satisfactory working relationship, and accountability for overall costs can be traced directly from the Regional Council to the Societies.

If the literally dozens of voluntary private agencies involved in providing service in the Region are thought of as special purpose bodies, then the issue is raised about coordination and integration of the services in the whole field. In our view, however, these agencies are not special purpose bodies in the governmental sense, and are not dealt with in this section.

Provincial Impact on the Services

Prime constitutional responsibility for the provision of social services falls on the provincial government, according to most authoritative interpretations of the British North America Act. And certainly the provincial government plays a determining role in the shape, nature and extent of these services in Hamilton-Wentworth, as elsewhere in Ontario.

Where the province does not provide service itself, it has a great influence on local services through its legislation and its funding policies. It also licenses and inspects certain services such as day care centres. In the main, provincial funding for Regional social services is 80% of approved expenditures, though other rates apply for certain services and elements of services. There is no doubt that the availability of provincial funds has a significant influence on the decisions of the Regional Council about the amount, nature and method of providing service. A good example

of this is the shift that has been made from simple grant support to local volunteer agencies to a purchase-of-service arrangement, which has allowed Regional Council to recover a portion of the costs of the services of these agencies from the provincial government.

In some instances budgetary policies of the province have altered decisions of the Regional Council about the quantity of service to be provided. Although Regional Council has not reduced the requests of the CAS's for financial support of their proposed programs, the province has reduced these estimates after they have been forwarded with the Council's blessing. Provincial restraint guidelines for municipal welfare payments have also had an influence on the Council's decisions about welfare policy.

As a result of the existing legal and financial arrangements, Regional Council must be considered to be accountable to the province as well as to its own citizens for the provision of social services in the area. To the extent that this means that local preferences are not followed entirely, it is a limitation on local autonomy. It must be recognized, however, that Hamilton-Wentworth is not unique in this regard, since the same situation applies throughout the province.

Effect of Regionalization

Significant changes have occurred in the provision of local social services in the Hamilton-Wentworth area since the introduction of regional government. This is especially true of the services that are provided by the municipal level of government.

Prior to regionalization there were two social service departments; one for the city, and one for the county. The county administration was small, and provided the sort of minimal service that is typical of the county administrations in the province. The city administration was larger, but fraught with a number of difficulties that made the provision of social services a matter of concern to many local people and to provincial officials. By no means could the city administration have been called a model, and it was generally considered to be inadequate to the needs of a city of the size and nature of Hamilton.

With the amalgamation of the two administrations under the newly created Region, a new administrator was appointed, and a program of updating the department was undertaken. There is general agreement, indeed universal agreement, among professionals in the field and among interested politicians, that the present Regional department is providing service in a manner vastly superior to that provided by the former city administration.

In administrative terms, the county social services department was absorbed into the city administration, and then the whole unit was reorganized. The new department has introduced both new programs and new administrative techniques, all with the solid support of the Regional Council. Costs of the social service department have increased considerably since regionalization (from approx. \$14,000,000 in 1974 to almost \$20,000,000 estimated for 1977). A large portion of the increase in these costs is accounted for by increases in levels of assistance laid down by provincial regulation, by increase in case-load, and by levels of salary settlements with the union. Only the last of these three factors is directly within the control of the Regional

Council, and it is by no means certain that regionalization has had a determining influence on union settlements. Some element of the increases must be attributed to increases in the level of service, but since these increases seem to be universally welcomed, it seems to us that the Region cannot be blamed for this increase in expenditure - rather they should be congratulated for it.

We have not undertaken a careful analysis of the effectiveness of the administrative procedures of the Regional Department of Social Services. In part this decision was taken in view of the terms of reference of the finance and management study commissioned by the Commission. In part, too, the decision was influenced by the fact that the Commissioner of Social Services had, nearly a year ago, requested the Municipal Welfare Consulting Branch of the Ministry of Community and Social Services to do a comprehensive study of the organization and administrative procedures of the department, a study which was done with the expenditure of over 1 1/2 man-years by provincial officials, and the report of which should be available in the very near future.

Whether or not the improvement in the municipal provision of services is primarily the result of regionalization, or is the result of the efforts of the current Commissioner, is impossible to say with certainty. Undoubtedly great improvements have been made, and people in both the city and the former county benefit to varying degrees.

Recommendations

In our view the municipal responsibility for social services should remain at the Regional level. A single administration for the entire area assures, more than the former

county-city duality could, that the residents of the outlying areas beyond the city limits have access to a number of services that would not otherwise be available to them. The case-load of the Department is large enough to allow specialization, and is amenable to organization along geographic lines, thus helping assure equality of service to residents throughout the entire area. (It should not be assumed that equality of access has in fact been fully achieved, nor that there is an equitable distribution of either public or volunteer services throughout Hamilton-Wentworth. Compared to the outlying municipalities the City is relatively rich in social service resources - a circumstance that should neither surprise nor dismay. With a single regional administration, however, there is the best chance that the surrounding municipalities will get appropriate access to the available resources, and will be invested with the services that they require.)

Whether or not the Region is governed by a single municipal administration, or continues to be a federation, is of little relevance to the provision of social services, PROVIDED THAT THEY ARE MADE THE RESPONSIBILITY OF THE REGIONAL GOVERNMENT. It seems inevitable that if the Region is dismembered, and split into two or more parts, the costs of providing municipal social services will increase. Simultaneously, it is unlikely that the level of service will benefit from such a change in government organization; indeed the reverse is probable.

ACCORDINGLY, WE RECOMMEND THAT: Social services continue to be the responsibility of a single Council representing the entirety of the Hamilton-Wentworth region.

There are two other matters on which comment is

required. One is the matter of the overlapping of the clientele of the Regional Social Services Department and the provincial Family Benefits administration. Family Benefits recipients receive a monthly allowance from the province set at an amount designed to cover their recurring, regular needs. When anything extraordinary occurs, or if they are unable to find living accommodation at a cost within reach of the amount provided in their provincial allowance, they must resort to the municipal welfare office for a supplement. Travel costs to receive training, a broken-down refrigerator, dental expenses, and a host of other necessary outlays may result in an approach to the municipal social services office by people who are on long-term allowances from the province.

The inconvenience and confusion this arrangement causes can be considerable, despite the most effective coordinating arrangements between the local municipal welfare workers and their provincial counterparts. For the sake of the recipients, it seems obvious that they should be completely looked after for all their needs by one or the other of the administrations. As long as the province refuses to deal with these matters, it would be better if responsibility for Family Benefits recipients were transferred, along with suitable financial aid, to the local administration. Other reasons, outlined in the body of this report, support the transfer to the municipal level of this responsibility.

It must be recognized that this proposed transfer of responsibility to the region would require a major shift in provincial government policy. It may well, in addition, have the result of increasing overall costs of administering benefits, though that is by no means certain, and there could well be some offsetting financial advantages.

ACCORDINGLY, WE RECOMMEND THAT: Full responsibility for the case management of people in receipt of provincial Family Benefits be transferred, with appropriate financial subsidy, to the Regional Government.

The other matter deserving mention is the need for some more formal mechanism for coordinating the various social services in the Hamilton-Wentworth region. Like most parts of Ontario, the Region hosts a wide variety of governmental, quasi-governmental and voluntary social services, with no truly effective way of coordinating their efforts. It is true that the informal relationships between the various delivery agencies in the region are exemplary, and much is accomplished through the good-will of the people involved. In our view, however, the time has come to recognize that the amounts of money involved, and the numbers of people affected in the delivery of these services, now demand that a more concerted effort be made to ensure that the most effective use is made of the resources committed to this field.

Recently the province has created a new Division within the Ministry of Community and Social Services to bring together all the programs of that government having to do with children with special needs. It is the stated intent of the Children's Services Division to create local Children's Services Committees to coordinate these services at the local level, and to be responsible for this work to the regional government.

As yet it is too early to assess what effect this provincial initiative will have on the delivery of children's services in Hamilton-Wentworth. It is also impossible to assess the effect it may have on a variety of other services, which have a direct or indirect bearing on children's services.

Until the outcome of the new approach for children's services is known, it is probably best to wait before devising concrete proposals for coordinating the other social services. Nevertheless, it is clear that the Regional Social Services Department has a vital role to play in any coordinating effort concerning social services in the area. We urge strongly that the Region recognize its responsibilities in this regard, and be prepared to cooperate fully with any provincial initiated efforts to bring greater cohesion to the field, and to be prepared to take initiatives itself if provincial leadership is lacking.

THE SERVICES AVAILABLE

In this section we identify the services available in the Hamilton-Wentworth area that may be considered social services. Mention is made of certain other services which, though not usually considered under this head, have some similarity of purpose or effect on social services proper.

There is no one universally accepted definition of social services, and we shall not attempt to add to the literature here. In general terms social services may be thought to comprise two broad classes of programs. The first is the direct payment of money to or on behalf of people who are in need, or who display certain characteristics that suggest an implied need. The second class of program is the provision of some helping service to people or groups who require such assistance.

Social services are provided in Hamilton-Wentworth by all levels of government, and by a large number of private organizations operating under volunteer direction. The services, volunteer or governmental, have developed over the years in response to identified needs in the society - a process that may be described as incremental ad hocism.

Though the British North America Act gives responsibility to the provincial government for "The Establishment, Maintenance, and Management of Hospitals, Asylums, Charities, and Eleemosynary Institutions",* the province has been unable or unwilling to undertake the overall coordination or integration of services in this field. Primarily through the use of its vast spending power, the federal

*British North America Act, section 92.7

government has assumed a very important role in influencing the nature and even the manner of delivery of many of these services. Local government also plays an important part, since it is given responsibility by provincial statutes for the actual provision of many of the direct services. Simultaneously, the private sector has always been the keystone of the social services, with such organizations as churches and various charities providing help to people who require it and are unable to gain it through their families or from government agencies.

Federal Government Programs

The federal government provides direct payments to individuals through the following programs:

- Canada Pension Plan
- Old Age Security
- Guaranteed Income Supplement
- Veterans' Allowances
- Native People's Entitlements
- Unemployment Insurance
- Family and Youth Allowances (the baby bonus)

The federal government also provides services through a variety of programs such as the employment counselling, job-finding and vocational training programs of Manpower. A variety of community employment schemes have been brought forward over the years, some of which have lasted, others not.

At present there is an intense effort being made to develop a Community Employment Strategy, and effort involving federal, provincial and local officials as well as representatives from industry and labour. Special assistance of various kinds is made available by the federal

government to veterans, native peoples and immigrants.

Large amounts of federal funds are made available to the provincial government through cost-sharing programs, the single most important of which in the social service field is the Canada Assistance Plan. Through decisions about what and what not to subsidize, the federal government has a powerful tool to influence the services that are provided in the province. Besides the CAP, costs are shared through acts dealing with blind and disabled people.

Provincial Government Programs

The provincial government provides direct payments to individuals through the following programs:

- Family Benefits (for the long-term disabled and unemployable, and deserted mothers)
- Vocational Rehabilitation training grants
- Guaranteed Annual Income System (income support for the elderly)
- Legal Aid (provincial Family Benefits workers determine eligibility)
- Workmen's Compensation
- Tax Credits (geared-to-income tax reductions for the elderly, and in respect of property and sales taxes)

Provincial services to people include counselling, referral and information services to Family Benefits recipients; training and rehabilitation programs for the handicapped, certain support services associated with the family court; assistance to former inmates of provincial penal institutions; and certain community development services.

In addition to the programs it operates itself, the provincial government supports, through financial subsidy and

through setting standards and inspection, a number of programs that are provided by the municipalities and private organizations. Provincial cost-sharing with municipalities includes the payments made under The General Welfare Assistance Act (including special assistance and supplementary aid), homemakers and nurses services, day care for children whose parents qualify for subsidy, homes for the aged and elderly person's centres, and a variety of activities such as community development, information centres, leadership training and the like. Certain facilities, such as day care and community centres, and certain services such as homemakers and nurses, are licenced and inspected by the provincial government, though their services are contracted for by the municipal social services department. In addition, the province supervises the work of the Children's Aid Societies, and provides a subsidy of 80% of their approved operating costs.

Regional Government Programs

Under provincial government supervision, and under the terms of provincial statutes, the Regional Municipality of Hamilton-Wentworth administers several mandatory and discretionary programs. It makes direct payments to or on behalf of individuals for:

- General Welfare Assistance (short-term financial assistance)
- Special assistance to recipients of General Welfare
- Supplementary aid to recipients of assistance from other government programs
- OHIP
- Burial for indigents
- Shelter in residential and nursing homes
- Costs of mental examinations ordered by the court

The Region also provides direct service through programs of counselling, day care, employment training, and operation of homes for the aged.

In addition to providing services directly, the Region purchases services from a number of private community organizations. The services purchased include counselling, day care, visiting homemakers, nursing services, and others. The Region also gives direct grant support to a variety of local social service agencies, including information services, crisis services, neighbourhood services, and the like. The Region is responsible for raising 20% of the operating budget of the Children's Aid Societies, and appoints four of its Councillors to the board and executive committee of each Society.

The Private, or Volunteer, Sector

Established by provincial statute, and endowed with considerable authority under The Child Welfare Act, the Children's Aid Societies are the most powerful, and the largest of the private, or non-governmental agencies. Because of their size and their impact on municipal budgets, they are the subject of a separate section of this report.

There are literally dozens of private organizations that contribute in one way or another to the social service fabric of Hamilton-Wentworth. Some of these are large organizations, such as the Family Service Agency, and others are very small. Some operate entirely with volunteer help, others employ fully qualified professionals. Most are non-profit, though a few are in the business to make a living. The services provided range all the way from day care to debt counselling, from drop-in centres to social research. Many of the agencies receive financial support from the United Way. Grants and purchase-of-service arrangements with the

Region and other levels of government, as well as private donations, provide other funds in many cases.

If one of the measures of the health of a community is the extent to which its members are prepared to look after the needs of its less fortunate members, then the number and variety of services provided by the voluntary sector in Hamilton-Wentworth attests to a strong and vital community.

We do not suggest that there exist within the region all the services that might ideally be wished. There are certain gaps in services that, if filled could ensure a more complete spectrum of care. Nonetheless, compared to other areas of Ontario, Hamilton-Wentworth is well serviced, and has reason to be proud of the range of services it has, and the way in which the various elements of the social service sector work together to solve community problems. That there is no way of determining the overall effectiveness of the services is not the fault of the voluntary agencies. That there is no formal way in which planning is done to meet social needs, and no way of setting priorities is similarly not a failure of the private sector. The subject of finding a way to meet the challenge of coordination of the social services in the region is addressed in a following section of this report.

THE SOCIAL SERVICES DEPARTMENT OF THE REGIONAL GOVERNMENT

Background

The Department of Social Services is the main vehicle through which the Regional Municipality discharges its responsibilities for the provision of welfare and social services. It is the Region, not the area municipalities that is designated responsible for these services under provincial legislation.

Full-time municipal employees providing social service have existed in the area since a relief officer was appointed by the City of Hamilton in 1891. Before that time the Ladies Benevolent Society, financed by charitable contributions and municipal grants, used volunteer "gracious ladies to roam the streets, locate worthy poor women, and dispense loaves of bread, sometimes coal and groceries, even occasionally rent."*

Prior to regionalization, there were two social service administrations in the area: one operated by the County, and one by the City. The county administration had been formed in 1963, taking over responsibility from the constituent municipalities.

Of the two departments, the City's was by far the larger, with a staff of 99, compared to the County's nine. In large part, therefore, the amalgamation was really an absorption of the County administration by that of the City. In fact, it was much more than that.

At the time of regionalization the City social

*History of the Regional Social Services, Mickey Baker, in December 1976 issue of The Rag Mag.

service administration was in a demoralized and unhealthy state. Having suffered for a number of years from lack of clear political and administrative support, the department was further suffering from the results of a long strike by all but supervisory personnel. There is general consensus among the people we interviewed that the situation was what can only be described as a "mess." The County administration, though small and not providing the same range of services needed in the City, was well-run, and had relatively high morale.

Perhaps the single most important response of the new Regional Council to its responsibility to create a Social Service Department was to bring in someone from outside the two existing administrations to head it up. With strong support from the Social Services Committee of Council, the Commissioner was able to create a new organization and set a new tone of administration without the disadvantage of either a real or an apparent favouritism for the style or the personnel of either of the two previous administrations. That the result has been beneficial has been attested to by everyone whose opinion we sought, including provincial officials, regional officials, elected representatives from the City and former County, advocate spokesmen, and people involved in the delivery of other public and private social services in the area.

The Department is responsible for administration under the following provincial statutes:

- The General Welfare Assistance Act, R.S.O. 1970, Chapt. 192.
- The Homemakers and Nurses Act, R.S.O. 1970, Chapt. 203.
- The Day Nurseries Act, R.S.O. 1970, Chapt. 104

Expenditures of the Department are influenced by several factors. Of prime importance is the caseload, which is to some considerable extent beyond the control of the administration: general economic conditions are much more important. The mandatory provisions of The General Welfare Assistance Act leave only marginal discretion to the local administration to determine caseloads. Interpretations of the regulations, and municipal policies can have an influence, but it is really marginal in terms of the overall number of recipients who must be served. There are discretionary payments and services provided by the Department, and the level of these is set by the Regional Council as a matter of policy. Since regionalization there has been a concerted effort to record policy and interpretations, so that all staff will act in a uniform manner, and so that recipients and potential recipients (and their advocates) understand the Department's working rules.

Another major factor affecting the level of Departmental expenditures is the level of benefits set down by the province. While the Region, like any other part of Ontario, may seek to influence the decisions of the province about these levels of payments to be given to recipients, it must accept and implement those levels once a decision has been taken.

Other factors affecting the overall costs of the Department include the level of salaries negotiated by the Regional Government with its staff, general changes in costs of goods and services, and its own administrative costs.

Of all these factors, the general level of economic conditions is probably the most important in determining overall level of expenditures. Next in importance is probably

the decisions taken by Council about the extent the Department should offer discretionary services. In any event, the major expenditure items are determined outside the Department itself.

Overall Expenditures

Table 1 shows the overall expenditures of the Department of Social Services since regionalization, and figures that are as comparable as we have been able to derive for the City and County before regionalization.* It will be noted that expenditures have increased markedly since regionalization. There is, however, no evidence that the increases are the direct result of the change in municipal organization in the Region.

The municipality recovers from 50% to 80% of the costs of its Social Service Department expenditures from the Province. (A small proportion of expenditures are 100% recoverable, where they pertain to payments made to non-residents of Ontario, or to Indians.) Table 2 shows the cost to the municipality of the Department and its predecessors, after recovery of provincial contributions to its programs. The increase from 1971 to 1976 (the last full year for which figures are available) is nearly 80%. It is worth noting that the increases are neither gradual nor continuous, reflecting the variations in case loads from one year to another. In following sections the individual components of the expenditures are examined, with a view to providing an understanding of the reasons for the increase in costs.

*Note: Not all figures used are completely comparable, since a single source of information was not available, and accounting techniques and classifications vary from one jurisdiction to another, and over time.

Table 1
OVERALL EXPENDITURES OF SOCIAL SERVICE DEPARTMENTS IN THE REGION
1971-1977

	1971	1972	1973	1974	1975	1976	1977
City of Hamilton*	8,809,612	10,289,940	9,486,706				
County of Wentworth**	730,502	809,704	829,534				
Total: City & County	9,540,114	11,099,644	10,316,240				
Regional Municipality of Hamilton-Wentworth				13,528,630	17,013,059	15,342,940	15,102,917***
*Source: Social Services Department of Hamilton-Wentworth **Source: 1973 Estimates of the County of Wentworth ***11 months only - to November							

Organization and Programs

The Department is organized into a number of divisions, each charged with certain program responsibilities.

General Welfare Assistance:

Under a Director of Welfare, six teams of workers are responsible for administering general welfare assistance, the backbone program of the Department. Each team is responsible for a defined geographic area of the Region. Workers spend most of their time in the field, and have regularly scheduled periods each week to be in the office. The system is designed so that in most instances recipients need not visit the office at all, and are assured of receiving a home visit from one of the team responsible for the area in which they live within three working days of their first inquiry. Emergency assistance can be provided on the same day, and during evenings and weekends. The Division has a total staff of 75.

A feature that may be unique to Hamilton-Wentworth is the single men's unit, which deals with people of that description. The concept was inherited from the former City welfare administration, which had one welfare office for derelicts and the like, and another for others. When the new Department moved into its present location, a separate entrance for single men was created, and continues to be used.

Payments of G.W.A. regular assistance are sharable 80% with the province, which recovers half of the total from the federal government, making the final split Ottawa 50%, Queen's Park 30%, Region 20%. The exception to this rule, as noted above, is in instances where the recipients are non-residents, or are Indians. Table 3 shows the payments under this program, along with the number of people served (comparable figures for the County of Wentworth are not available.)

Table 3

PAYMENTS MADE, MUNICIPAL COST, AND PEOPLE SERVED THROUGH BASIC
GENERAL WELFARE PAYMENTS, 1971-1977*

	1971	1972	1973	1974	1975	1976	1977
1. (a) Payments 80% cost-shared with Province	\$7,419,339**	\$7,880,706	\$7,322,606**	\$10,491,372	\$12,849,851	\$11,027,566	\$10,605,839**
(b) Net Municipal Cost	\$1,483,868**	\$1,576,141	\$1,464,521**	\$ 2,098,274	\$ 2,569,970	\$ 2,205,513	\$ 2,121,168**
(c) Persons Served	105,345	130,569	111,225**	163,756	131,097	100,521	95,637**
2. (a) Payments 100% recoverable from Province	\$ 187,549#	\$ 456,781	\$ 129,174**	\$ 21,376	\$ 434,414	\$ 417,227	\$ 625,452**
(b) Persons Served	2,676#	3,358	1,872**	2,569	4,288	4,032	4,979**
*Source: Social Services Department of Hamilton-Wentworth **11 months only #10 months only Note: Comparable figures for the County of Wentworth were not available.							

Because of the number of factors that influence payments of general welfare assistance, it is difficult to draw any conclusions from the figures in Table 3. The year 1976 was a "restraint" year, and it may be that the decrease in payments shown reflects the tightening up of criteria that were implemented at that time. It is also interesting to note that the number of cases that are chargeable to the province at a rate of 100% has increased steadily over the past few years. This undoubtedly reflects a conscious effort to identify those cases where service can be given with full compensation from the provincial level, and hence no cost to the local taxpayers.

Special Income Division

The Special Income Division with a staff of 7, administers special assistance and supplementary aid. These are payments to people in receipt of some government income support (and in a few cases people who are otherwise self-sufficient) for needs over and above those provided for in the regular payments they are already receiving. Ordinary general welfare and family benefits payments, for example, are set at levels that take into account the ordinary, recurring needs of the recipients. They do not allow room for unusual expenses that may occur when a refrigerator breaks down, for example, or for moving or burial expenses, or when a family cannot find accommodation for a rental covered by the standard amount set in the allowance. In all these instances resort must be made to the Social Services Department for additional assistance. Payments of this nature made to recipients of provincial or federal assistance programs are cost-shared 80-20 by the province with the municipality. Payments made to recipients of General Welfare Assistance or to people who are not otherwise in receipt of a government benefit are cost-shared on a 50-50 basis.

Applications for special assistance and supplementary aid are usually routed through the municipal or provincial field-worker responsible for the client. The Special Income Division processes these applications. It is interesting to note that over 90% of the applications coming to this Division are on behalf of recipients of Family Benefits, the provincial program. As with other municipal payments, those made to non-residents and to Indians are fully cost-recoverable from the province.

Table 4 shows the payments and the number of cheques issued for supplementary aid and special assistance, and the net cost to local government (comparable figures for the County of Wentworth are not available). As in the other tables, it is difficult to discern a definite trend in these payments, though the increase in the amounts paid on behalf of those who are to be fully subsidized by the province is clear.

Table 4

PAYMENTS MADE, MUNICIPAL COST, AND NUMBER OF CHEQUES ISSUED FOR
SUPPLEMENTARY AID AND SPECIAL ASSISTANCE, 1971-77*

	CITY OF HAMILTON	REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH					
	1971	1972	1973**	1974	1975	1976	1977**
1. Supplementary aid - 80% recoverable (a) Payments (b) Net Municipal Cost (c) Cheques Issued	\$186,409** 37,282** 9,715#	\$636,138 127,228 39,106	\$643,319 128,663 47,674	\$833,234 166,647 41,736	\$678,426 135,685 25,463	\$727,982 147,596 26,615	\$825,377 165,075 30,119
2. Supplementary aid - 100% recoverable (a) Payments (b) Cheques Issued	NIL -	NIL -	NIL -	266 4	268 4	20 1	3,250 168
3. Special Assistance - 50% recoverable (a) Payments (b) Net Municipal Cost (c) Cheques Issued	374,243** 187,122** 43,422#	438,662 219,331 32,374	412,686 206,343 19,577	483,915 241,958 23,877	590,515 295,258 23,206	642,309 321,155 26,569	629,390 314,695 24,955
4. Special Assistance - 100% recoverable (a) Payments (b) Cheques Issued	573 N/A	105 N/A	339 N/A	2,249 6	16,486 947	17,914 1,051	26,771 1,093

*Source: Social Services Department of Hamilton-Wentworth
 **11 months only
 #10 months only
 Note: Comparable figures for the County of Wentworth are not available

Table 5 shows the distribution of payments by the Special Income Division benefit status of recipient.

Table 5

RECIPIENTS OF SUPPLEMENTARY AID AND SPECIAL ASSISTANCE*

(as at October 31, 1977)

Family Benefits recipients	3,187
-rent supplement	2,441
-interim: referrals, additions, etc.	83
-other: dental, moves, appliances, etc.	663
General Welfare Assistance recipients	201
Outside applications (low income, OAS, etc.)	117

*Source: Social Services Department of Hamilton-Wentworth.

This table clearly demonstrates the importance of the municipal assistance program to recipients of the provincial Family Benefits allowances, (Family Benefits active caseload in Hamilton-Wentworth at October 31, 1977, was 7744), and of the workload imposed on the municipal social service administration by the requirement for these supplementary payments to be made by the local government rather than by the jurisdiction with prime responsibility for the clientele.

Special Services Division

The Special Services Division is responsible for the provision of homemaking, nursing and counselling services

to clients of the Department, and provides special services to seniors. It has a staff of 14. Most of the work of the Division is carried out through purchase of service arrangements with private organizations such as the Visiting Homemakers Association, Inc., and the Victorian Order of Nurses. The main contractor for counselling service is the Family Services of Hamilton-Wentworth, Inc. Following a decision taken by the Council of the City of Hamilton in 1973, just prior to regionalization, the Department established its own small (4 person) counselling unit, which is a part of this Division. Responsibility for the operation of a work activity program, a training program designed to teach regular work habits and skills to people with unsuccessful work experience, is also given to this Division.

Table 6 shows the expenditures made for homemakers and nurses services. The data for this table come from two different sources, and are not entirely consistent. Comparable figures for the County of Wentworth are not available.

The most striking trend shown by this table is the marked decrease in the use of nursing services in the past two years. This is the result of a home care program described on page 106.

The following table shows the distribution of welfare recipients throughout the constituent municipalities of the Region.

Table 7

DISTRIBUTION OF CASELOAD ON GENERAL WELFARE ASSISTANCE
June 1977

		<u>Percentage of Caseload</u>	<u>Population 1976</u>	<u>Ratio of Caseload to Population</u>
Hamilton	4237	91.81%	312,162	1.36%
Stoney Creek	209	4.53	30,366	.69
Dundas	68	1.47	19,212	.35
Flamborough	46	1.00	23,364	.20
Glanbrook	44	.95	10,047	.44
Ancaster	<u>11</u>	<u>.24</u>	<u>14,180</u>	<u>.08</u>
TOTAL	4613	100.00%	409,331	1.13%

Source: Social Services Department of Hamilton-Wentworth

Day Care Division

The Department's Day Care Division is responsible for operating one day care centre, and for purchasing the subsidized care for children of qualified parents from a number of private suppliers of the service. The only centre still operated by the Division is the Red Hill facility, which has just recently been established. Most of the children at that centre have special problems, being the victims of abuse, or suffering from some mental, emotional or physical handicap.

The Division has purchase-of-service arrangements with more than 50 private day care centres, who provide Regionally subsidized service to more than 700 children. The Division also supervises private home day care, and makes payments to suppliers on behalf of qualified parents. There are 28 people on the staff of the Division, of whom 20 are employed to operate the Red Hill Centre.

Table 8 shows the payments made for nursery day care for 1972, 1975-77. The increase in the amounts of payments for this service indicate not only the increased costs of providing it, but also the increased recognition of the usefulness of this service for low-income working parents.

Administration

In addition to the units mentioned above, the Department has an administrative staff, pays part of the salary of a worker at the court, has a worker posted in the Manpower office to look after the specific interests of the welfare clientele, and has a fraud investigation officer. The new computer installation has required additional staff, and certain additions and deletions have been made in the course of reorganization of the Department. Total staff figures

Table 8
NURSERY DAY CARE EXPENDITURES BY CITY, COUNTY AND
REGIONAL MUNICIPALITY, 1972, 1975-77*

	<u>1972</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>
City of Hamilton	\$520,974			
County of Wentworth	22,280			
Total City & County	543,254			
Regional Municipality of Hamilton-Wentworth		\$1,623,430	\$1,933,582	\$1,995,096

*Source: Material supplied to Commission by Woods, Gordon & Co.

Table 9

MUNICIPAL DAY CARE EXPENDITURES AND CHILDREN SERVED, 1973-77*

<u>Program</u>	<u>1973 Total</u>	<u>1974 Total</u>	<u>1975 Total</u>	<u>1976 Total</u>	<u>1977 Total</u> (Est. 12 mos.)
1. Purchase from Private Nurseries	\$ 618,990	\$1,079,922	\$1,325,131	\$1,147,018	\$1,152,500
- Municipal Cost	123,798	215,984	265,026	229,404	230,500
2. P.H.D.C.**		63,348	239,304	263,941	251,100
- Municipal Cost		12,670	47,861	52,788	50,220
3. Municipal Centres	8,133	2,064***	20,683	59,816	225,978
- Municipal Cost	1,627	413	4,137	11,963	45,196
<u>Children Served</u>					
1. Purchase from Private Nurseries	1,268	1,619	1,850	1,571	1,396
2. P.H.D.C.	-	240	498	395	487
3. Municipal Centres	61	52	73	117	201

*Source: Social Services Department of Hamilton-Wentworth

**Private Home Day Care

***3 months (Did not take over Normanhurst 1/2 day program until September.)

may portray an inaccurate picture of the Department's administrative structure, since the operation of day care centres is a labour-intensive one, and the divesting of responsibility for an old centre or the assumption of responsibility for a new one may make a substantial difference to the total staff numbers of the Department. Since that service would probably be purchased if it were not provided directly by the Department, the inclusion of day care centre staff in total staff figures can be misleading. Table 10 shows the staff of the Department.

Table 10

SOCIAL SERVICE DEPARTMENT STAFF, 1971-77*

	1971	1972	1973	1974	1975	1976	1977
A. Total Staff							
-City of Hamilton	78	95	96				
-County of Wentworth	7	8	9				
-Regional Municipality				105	111	133	142
B. Excluding Day Care Staff Operating Municipal Centres							
-City of Hamilton	75	92	93				
-County of Wentworth	7	8	9				
-Regional Municipality				102	103	108	122

*Source: Social Services Department of Hamilton-Wentworth.

Administrative costs of the Department are cost-sharable with the province on a 50-50 basis. Table 10 shows the administrative costs of the social services departments of the region.

Table 11

ADMINISTRATIVE COSTS OF SOCIAL SERVICE DEPARTMENTS IN THE
REGION, 1971-1977

	<u>City</u>	<u>County</u>	<u>Total City + County</u>	<u>Regional Municipality</u>
1971	\$399,167	\$56,902	\$456,069	
1972	589,592	77,779	667,371	
1973	595,282#	90,134	685,416#	
1974				\$1,224,693
1975				1,839,444
1976				2,150,438
1977				2,103,063**

*Source: Social Services Department of Hamilton-Wentworth, and 1973 Estimates of the County of Wentworth.

**11 months only, to November.

#1973 figure is estimate only.

The table shows a significant increase in administrative costs since the time of the formation of the Region and the creation of the new Department. It should be recognized that the costs of providing their own counselling services, which started in 1974, is charged to this administration account. Most of the rest of the increases are accounted for by an increase in staff to serve the clientele, by salary increases and the like.

Commentary

There is universal agreement that the current Social Services Department of Hamilton-Wentworth provides a good service to the people of the region, and that the improvements

that have been made since the formation of the Region have been both necessary and well done. This assessment has been confirmed by everyone to whom we have spoken, including provincial officials, local politicians from both the City and the former County, volunteers and professionals involved in the delivery of other social services in the region, and representatives of advocate groups, who act for recipients and applicants, for government benefits.

The improvements are the result of the efforts of the Commissioner who was appointed at the time of the formation of the new Regional Department, working with the full support and backing of the Regional Council. It is impossible to tell whether similar improvements could have been made if the same person had been appointed Commissioner of the City administration prior to regionalization. What is clear is that the residents of both the City and the former County are now served by a social service program that is a credit to the community, and as good an administration as one would hope to find in a municipality of the size and nature of Hamilton-Wentworth.

It may be held that while program costs are a reflection of a variety of factors outside the control of the Department, such as general economic conditions, rising costs, and political decisions about levels of service, the administrative costs of the Department are much more what they make them. In this connection, it is pointed out above that the administrative costs of the Department have risen substantially. While we point out a number of factors that have influenced this increase, we have done no detailed analysis to determine whether these expenses are in any way inappropriate. We have decided not to undertake such an analysis for the following reasons: the Finance and Management Study undertaken by the

Commission includes in its terms of reference an assessment of the effectiveness of management of the Region's departments, we have no evidence that the administration is in any way ineffective or unnecessarily expensive; and a study was undertaken at the request of the Commissioner of Social Services by experts from the provincial Municipal Welfare Consulting Branch of the Ministry of Community and Social Services on this very subject. The study was begun a year ago, and used ten provincial experts, for a total of over 1 1/2 man-years of effort. The report of this study should be available in the immediate future. We are convinced that any study we might have done concerning the organization and administrative procedures of the Department would only have been a poor and incomplete duplication of what has already been done.

We suggest that if the Commission wants to make any mention of the administrative operations of the Department, it might consider recommending that the report prepared by the provincial ministry should be read with care, and its recommendations implemented in all instances where improvements may be expected to result.

The increase in administrative costs is the only shadow on the otherwise sunny picture of the improvement in social service delivery since the inception of Regional Government. Great advances have been made in the manner of delivery and number of services, better control of granting benefits is now in effect, and the Department is increasingly successful in recovering cost-sharing grants from the province.

In our view it would be a great mistake to deliver social services on any but the regional level. The present scale of organization allows for a specialization and a professionalism that can only benefit service. It ensures that people in the parts of Hamilton-Wentworth outside the City have

access to a variety of services that would be unavailable to them without the Regional organization. Regional Council has demonstrated its interest and its ability to develop and support a good social service administration, and there is no evidence that a reversion to constituent municipality administration of this service would be accompanied by a similar commitment. It would be very unfortunate to jeopardize what is now a fine organization and administration.

We are convinced that social services should be delivered at the regional level. It is immaterial whether the system of local government calls for one or two tiers, as long as if it is two, the upper tier has responsibility for these services. It seems likely, and perhaps probable, that if the Region is split up into two or more autonomous parts, the costs of providing social services overall will increase, and the level of services will diminish to some extent.

ACCORDINGLY, WE RECOMMEND THAT: Social services continue to be the responsibility of a single Council representing the entirety of the Hamilton-Wentworth Region.

In the section on the Special Income Division of the Department, we show the large proportion of the recipients of these benefits who are actually dependent for their main support on the provincial Family Benefits program. Supplementary aid payments are not the only services that Family Benefits recipients receive from the Regional Social Services Department. The following table shows the numbers of provincial benefit recipients who receive service from the Region through various programs.

Table 12

SERVICES PROVIDED AND OR DELIVERED BY THE REGION TO
 RECIPIENTS OF TRANSFER PAYMENTS FROM THE ONTARIO GOVERNMENT

<u>Program</u>	<u>Number Monthly</u>
Supplementary aid	2,400
Gains -- elderly	200
Day Care	174
Visiting Nurses	15
Visiting Homemakers	145
Counselling & Support Services	152
Residential Care	149

*Source: Draft report prepared by Regional Planning Department for presentation to the Planning and Development Committee.

In our view it would be a major improvement in the system if recipients could look to only one administration for the satisfaction of all their income needs. It is both confusing and humiliating for a recipient to have to deal with two different sets of bureaucrats, no matter how effective may be the means of coordination between the two systems.

There are two obvious ways of solving this problem. One is to have the province take over responsibility for all the supplementary aid needs of the recipients of its Family Benefits program. In the past the province has resisted doing this, in part because it would involve its field workers in a much more day-to-day relationship with recipients than now is the norm. Other reasons, such as costs, undoubtedly also influence the province in this regard.

The second solution is to give the local social service administration the responsibility for all services for the Family Benefits recipients. Since this would involve handling a substantially larger payroll, and since the municipality now does not cost-share in the expenditures for the actual Family Benefits allowances, a shift of responsibility of this nature would have to be accompanied by a suitable revision in the grant formula. It would be inappropriate to make it more expensive to the municipality to provide a better service to its residents, and to leave to the province the financial benefits from such a changed arrangement.

There is no certainty that if either of these possible solutions is adopted there will be a decrease in the costs of administering aid. Indeed, it is possible that a shift in either direction would actually bring about an increase in overall costs. Nonetheless, we think that the advantages to the recipients is worth risking what could only be a minor increase in administrative costs, if any.

For a variety of reasons we prefer the option of combining the administration of these programs under the Regional Government.

ACCORDINGLY, WE RECOMMEND THAT: Full responsibility for the case management of people in receipt of provincial Family Benefits be transferred, with appropriate financial subsidy, to the Regional Government.

MUNICIPAL HOMES FOR THE AGED

The Services

The Regional Municipality of Hamilton-Wentworth operates two homes for the aged: Macassa Lodge, and Wentworth Lodge. Before regionalization, these homes were operated and owned by the City of Hamilton and County of Wentworth, respectively.

Each home has a management committee, which is a sub-committee of the Social Services Committee of the Regional Council; they do not report through the Commission of Social Services. There are four members on each sub-committee, and they meet monthly to oversee the management of the homes. The Chairmen of the management committees sign the final application forms for admission, giving the committees effective control over who gets in.

Applications for admission came from a variety of sources from individuals, families, personal physicians and agencies. Increasingly, the Assessment and Placement Service operating under the aegis of the District Health Council is playing an important role in referrals, and tries to ensure that people are admitted to a facility that provides the appropriate level of care. Admissions, once approved, are effected on a first-come-first-served basis, and there is a waiting list of varying lengths for the various types of care offered by the homes. (The homes offer a range of care, from purely residential ambulatory, to quite intensive nursing care.)

Costs at the homes vary depending on the type of care required by the resident. The following table shows the costs of care for pure residential care and for extended nursing care, in each of the Hamilton-Wentworth homes, and for all Ontario.

Table 13

DAILY COSTS OF CARE IN HOMES FOR THE AGED - Nov. 1977*

	<u>Macassa Lodge</u>	<u>Wentworth Lodge</u>	<u>Ontario Average</u>
Residential Care	\$16.81	\$14.77	\$16.32
Extended Care	31.83	29.04	28.99

*Source: Ministry of Community and Social Services.

Residents of homes for the aged are charged for their accommodation and services. If an individual cannot support these charges, the home appropriates the old age pension of the resident, after passing on a small "comfort allowance", which may be used for personal needs. The operating deficits of the homes are cost-shared by the province on 70-30 basis. The province recovers 50% of the deficit from the federal government.

Table 14 shows the costs to local government for the operation of the two municipal homes for the aged. Both homes are involved to some extent with services to the elderly in the community. These services include meals-on-wheels, and wheels-to-meals. Vacation care is offered, subject to availability of beds at specific times, and some private home care is also provided.

Commentary

The operation of the two homes does not appear to present significant difficulty to the Regional government. They provide what is considered by those to whom we spoke to be a fully satisfactory service, and the costs are not out of line with provincial averages for municipally operated homes.

Table 14

YEARLY COSTS OF CARE IN HOMES FOR AGED - 1971-1976

	1971	1972	1973	1974	1975	1976
<u>Macassa Lodge</u>						
Total Expenditures	\$1,255,135	\$1,277,990	\$1,842,691	\$2,104,085	\$2,753,206	\$2,911,650
Municipal Cost	250,741	134,901	219,160	274,345	361,208	291,235
<u>Wentworth Lodge</u>						
Total Expenditures	520,955	432,294	706,881	804,498	1,089,227	1,265,041
Municipal Cost	38,367	3,196	18,518	32,281	65,185	58,256

The arrangement of having a sub-committee of Council act as the management committee is unusual, since in most parts of the province the municipal homes are operated through the department of social services, with the Commissioner responsible for reporting to Council about them. It could be argued that the usual arrangement offers a better opportunity for the programs of the homes to be coordinated more closely with other services operated or influenced by the social services department. There is some limited validity in this argument.

The current arrangement in Hamilton-Wentworth has its own advantages. Chief among these is the personal interest taken by the Regional Councillors who are on the boards of management. The time commitments for Councillors is but one lunch period a month, a small cost for the resulting political interest and control that the arrangement ensures. (We are told that attendance by Councillors at the meetings is excellent.) There is, of course, an accompanying danger that political considerations may unduly influence decisions on admissions, but there is no evidence to support such a suspicion. Simultaneously, a change in the management arrangements would not ensure that similar considerations would be avoided. We are not convinced that there is any significant practical advantage to be gained by disturbing an arrangement that appears to operate to the satisfaction of all involved.

Regionalization has had only a small impact on the operation of the homes. Each home accepts applications from people throughout the Region, and indeed from throughout the province, as required by legislation. There has been some change in the mix of place of origin of residents since regionalization. In 1971, for example, fewer than 10% of the

residents of Wentworth Lodge were from the city of Hamilton; the figure is now 30%. With regionalization, of course, the boards of management became composed of Regional Councilors, each board a mix of city and former county people. Since the homes accommodate people from all over the Region, this seems quite appropriate. Administratively, the homes now obtain certain services from the Region, rather than providing these themselves or getting them from the city or county administrations.

In our view, the homes could probably operate satisfactorily under any of the possible forms of political organization being considered for the Region. The option that calls for the abolition of the upper tier would create certain difficulties in respect of reporting relationships and sharing of the municipal share of the deficits. The option calling for an enlarged city would create similar difficulties, though in both cases some appropriate arrangement could undoubtedly be devised. From the point of view of homes for the aged, therefore, it would be most convenient to opt for a system of local government for Hamilton-Wentworth that has some Council responsible for the entire region to which they can report. While this is definitely desirable, it should be possible to make satisfactory arrangements if some other option is chosen. If there is a Council responsible for the entire region, and the homes are made a responsibility of that Council, it matters not whether there is but a single tier, or whether the area municipalities continue in some form or other.

CHILDREN'S AID SOCIETIES

Background - History of CAS's in Hamilton-Wentworth

The first Children's Aid Society (CAS) in Hamilton was organized in 1894, incorporated under The Children's Protection Act of 1893. For years this CAS served just the population of the City of Hamilton, and a separate CAS served the County of Wentworth. In 1954 the Hamilton Catholic CAS was formed, with a mandate to serve the Catholic population of the City of Hamilton. In 1966 the Hamilton CAS amalgamated with the CAS of Wentworth County to serve the area later to become the Regional Municipality of Hamilton-Wentworth. The CCAS was simultaneously given responsibility for the same area.

Legislative Mandate of the CAS

The Children's Protection Act, under which the first Societies in Ontario were chartered, was passed in 1893, and was followed over the years by a number of other acts relating to the care and protection of children.

In 1908 the first Child Welfare Act was passed which consolidated some existing pieces of legislation, although not the original Children's Protection Act. In 1954 several were consolidated,* and a new Child Welfare Act was passed. The four sections of this act deal with officers of the CAS, the protection and care of neglected children, the protection of children born out of wedlock, and adoption.

Revisions and amendments were made to The Child

*The new legislation consolidated The Adoption Act, The Children of Unmarried Parents Act, and the Children's Protection Act.

Welfare Act in 1960, 1961, and 1962. These form the basis of the present Child Welfare Act of 1965.

Funding Provisions - Operating Costs

The CAS is funded by both the provincial and the municipal governments, with costs being shared on a 80/20 basis respectively. The costs of care of an Indian ward are the sole exception to this formula; such costs are fully met by the provincial government.

The Ministry of Community and Social Services is the provincial body responsible for funding the CAS. The CAS budget must first be approved by the Regional Municipality and then by the Ministry. In the event of a budget dispute between the Society and the Municipality, either may appeal to the Ministry of Community and Social Services and ask that a Child Welfare Review Committee make a final judgement on the dispute. The Chairman of this committee is appointed by the Minister of Community and Social Services, one member is appointed by the municipal council and one by the Ontario Association of Children's Aid Societies.

The federal government partially reimburses the province for its CAS funding through the Canada Assistance Plan (CAP). Fifty per cent of the total operating costs of a CAS are reimbursed to the province by the federal government through the Department of National Health and Welfare. As well, the costs of care of an Indian ward are wholly met by the federal government.

Capital Costs

The costs of building administrative structures are met 25% by the Ministry of Community and Social Services. The

remaining 75% is paid for by the municipality or acquired through fund-raising campaigns.

Residential buildings (e.g. group homes) are funded under the capital provisions of The Charitable Institutions Act at \$5,000 per bed for a new facility and \$1,200 per bed for an acquired (renovated) facility. Some flexibility exists, however, in how such costs are handled by an individual society - a CAS may prefer to include the debt retirement costs of such a facility in its operating costs.

Capital expenditures are cost shareable with the federal government on the same basis as operating costs, under CAP.

Expenditures

Tables 15 and 16 show the expenditures and revenues of each CAS in the years 1972, 1973, 1975, and 1976. (Comparable figures for 1977 are not available.)

The expenditures of the CAS of Hamilton-Wentworth have increased 50% between 1972 and 1976, and revenues from government sources have increased 56%. Revenues from other sources have more than doubled.*

The expenditures of the CCAS of Hamilton-Wentworth have increased 45% between 1972 and 1976, and revenues from government sources have increased 68%. Revenues from other sources have increased 92%.

Tables 17 and 18 show the provincial and municipal

*Other revenues include Family Allowance Payments, Payments made from other CAS, donations and membership fees.

Table 15

EXPENDITURES AND REVENUES OF THE CHILDRENS

AID SOCIETY OF HAMILTON-WENTWORTH*

	<u>1972</u>	<u>1973</u>	<u>1975</u>	<u>1976</u>
Expenditures	\$2,267,507	\$2,435,723	\$3,392,375	\$3,391,623
Percentage of Change		+7.4 (72-73)	+39.3 (73-75)	-
Revenues**	2,209,540	2,463,140	3,213,500	3,438,170
		+11.4 (72-73)	+30.4 (73-75)	+7.0 (75-76)
Revenues from other sources***	57,597	69,464	164,308	193,174
Percentage of Change		+20.6 (72-73)	+136.5 (73-75)	+17.6 (75-76)

*Source: Annual Reports: CAS of Hamilton-Wentworth

**These figures include only revenue from government funding sources.

***Includes Family Allowance Payments, payments from other CAS's, membership fees, donations.

Table 16

EXPENDITURES AND REVENUES OF THE CATHOLIC

CHILDREN'S AID SOCIETY OF HAMILTON-WENTWORTH*

	1972	1973	1975	1976
Expenditures	\$1,026,078	\$1,064,199	\$1,496,190	\$1,486,171
Percentage of Change		(72-3) +3.7	+40.6 (73-75)	-0.7 (75-76)
Revenues**	896,138	1,190,420	1,295,652	1,506,400
		(72-3) +32.8	+8.8 (73-75)	+16.3 (75-76)
Revenues from other sources***	40,811	40,924	87,193	78,177
		+0.3	+113.1 (73-75)	-10.3 (75-76)

*Source: Annual Reports, CCAS of Hamilton-Wentworth

**These figures include only revenue from government funding sources.

***Other revenues include Family Allowance Payments, payments from other CAS's, donations and membership fees.

participation in the costs incurred by each CAS in the years 1972, 1973, 1975 and 1976.*

As Table 17 indicates, the municipality's proportional share of the costs of the Hamilton-Wentworth CAS have decreased since 1971, although actual costs to the municipality increased two per cent over that period. The decrease in municipal participation is due to a change in provincial legislation effective January 1, 1975 which changed the basic provincial-municipal cost sharing from 60/40 to 80/20.

Again, in Table 18, the proportional municipal share in the expenditures of the CAS have declined although the actual costs to the municipality have increased, 26% since 1972.

For 1977, although detailed information is not available, budget figures indicate that the Region's contribution to the CAS of Hamilton-Wentworth will be \$659,620, a four per cent decrease from the preceding year, and its contribution to the CCAS of Hamilton-Wentworth will be \$334,720, an 11% increase.

Organization of the Children's Aid Societies

All Children's Aid Societies in the Province are organized on a county, district or regional basis. All are incorporated bodies, having boards of directors. At least four representatives from the municipal council must sit on the board of directors, and on the nine member executive committee of the board of directors.

*For the years prior to regionalization, (1972 and 1973) the contributions of both the County of Wentworth and the City of Hamilton are totalled.

Table 17

PROVINCIAL/MUNICIPAL PARTICIPATION IN THE COSTS
OF THE HAMILTON-WENTWORTH CAS*

	<u>1972</u>	<u>%</u>	<u>1973</u>	<u>%</u>	<u>1975</u>	<u>%</u>	<u>1976</u>	<u>%</u>
Provincial**	\$1,535,244	69.5	\$1,694,719	68.8	\$2,570,080	80.0	\$2,750,536	80
Municipal	674,296	30.5	768,421	31.2	642,700	20.0	687,634	20
Total	2,209,540	100	2,463,140	100	3,212,780	100	3,438,170	100

*Source: Annual Reports, CAS of Hamilton-Wentworth

**Includes Federal contributions through CAP

Table 18

PROVINCIAL/MUNICIPAL PARTICIPATION IN THE COSTS

OF THE CATHOLIC CHILDREN'S AID SOCIETY OF HAMILTON-WENTWORTH*

	<u>1972</u>	<u>%</u>	<u>1973</u>	<u>%</u>	<u>1975</u>	<u>%</u>	<u>1976</u>	<u>%</u>
Provincial	\$656,763	73.3	\$853,228	71.7	\$1,047,761	80.9	\$1,205,120	80
Municipal	239,375	26.7	337,192	28.3	247,891	19.1	301,280	20
Total	\$896,138	100	\$1,190,420	100	\$1,295,652	100	\$1,506,400	100

*Source: Annual Reports of the CCAS of Hamilton-Wentworth and Regional Budgets

**Includes Federal contributions through CAP

The Local Director, the chief executive officer of the CAS, is in charge of the operations of the society. He is responsible to the board, and is also required to cooperate with the Child Welfare Branch of the Ministry of Community and Social Services.

Board members are elected annually from the membership of the CAS (membership is open to the general public). The board of directors of the CAS of Hamilton-Wentworth has 30 members, that of the CCAS has 20. Board members work on the standing committees of each Society, and thus play an important role in developing policy.

The by-laws of each Society provide for the manner of election of members of the board, their duties, their functions and the frequency with which they must meet.

The board committees of the two Societies are:

CAS OF HAMILTON-WENTWORTH

Executive Committee
Finance Committee
Nominating Committee
Personnel Committee
Property Committee
Public Relations Committee
Services Committee

CCAS OF HAMILTON-WENTWORTH

By-Laws Committee
Executive Committee
Finance Committee
Moral Issues Committee
Negotiating Committee
Nominating Committee
Personnel Committee
Public Relations Committee
Services Committee
Volunteers Committee

Program Description

Protection and Prevention Services

The Societies are required, by The Child Welfare Act, to protect children from neglect and abuse. They are also responsible for providing services which prevent abuse

and neglect from occurring. Protection services include, for example, investigating reports of child abuse. Prevention services include programs to teach effective parenting skills, and the provision of such support services as emergency financial aid.

Child Care Services

The CAS assumes guardianship of a child in cases of severe neglect or abuse. Guardianship is assumed when the prevention and protection resources of the society have been used to the fullest extent possible, yet the family situation has not been satisfactorily resolved.

There are three different types of guardianship. A child may be a non-ward, giving the society only limited authority over the child. This is a relatively informal arrangement requiring only parental consent. Alternatively, the child may be made a Society Ward (temporary) for a period of not more than two years. After this time he may be made a Crown (permanent) Ward. Wardship, either temporary or permanent, requires a court hearing and order.

While in the care of the CAS, a child may be placed in any of a number of residential settings, according to his needs. Most are placed in foster homes or group homes, while some require care in institutions that provide specialized forms of care and treatment. A Crown Ward is eligible for adoption, and a non-ward may be adopted with parental consent.

The responsibilities of a CAS towards a child in its care are those of a guardian; the Society must ensure that the child's physical, mental, social and educational needs are met.

Foster and Adoption Home Finding

It is necessary to find suitable homes in which the Society can place children in its care. It is relatively simple to place a healthy baby in an adoptive home; there are, in fact, considerably fewer babies available for adoption than there are adoption applicants. There is, however, in both agencies, an on-going search for foster and adoption homes that will accept "hard-to-place" children -- adolescents, children of mixed race, and children with medical or emotional problems.

As well as seeking and approving suitable homes for a child in its care, a Society must support and counsel foster and adoptive parents to ensure the continuing success of a placement. In the case of a foster parent such support is on-going; for an adoptive parent such support is provided for a six month "Adoption Probation" period.

Service to Unmarried Parents

The CAS will assist a single pregnant woman to plan for the future of her child. The CAS outlines the options open to her: she may choose to keep her child; give it up for adoption; or allow the CAS to care for her child on a temporary basis until she makes her decision. If she decides to keep her child, the CAS may continue to offer counselling services. The putative father is also offered counselling, and the CAS attempts to obtain financial support from him for the mother and child.

Changes in Services Offered by the CAS

Because of some quite marked social changes, services provided by Children's Aid Societies have changed significantly in the past several years. The age distribution

of CAS wards is one of the most obvious examples of such a change. With birth control and abortion now more readily available, and with more single mothers choosing to keep their babies, fewer foster and adoption homes for babies are required. This means that the proportion of older children in care is increasing. Such a change in age distribution of children has important implications for CAS services. Staffing requirements are changed, as are requirements for residential settings. A foster home, for example, may not be the most appropriate residential setting in which to care for a teenager; a group home may be the preferred setting. To set up a group home and to support its operation requires some very specific staff skills, which differ from those needed to find and support foster parents who care for younger children.

A much greater emphasis on preventive services offered by the CAS has been apparent over the last several years. Increasingly the attempt is made to work with a child in his own home as much as possible, and to avoid having to take him into care. Parent education programs, for example, are a part of this preventive emphasis. One result of this is that those children who come into care tend to be those with the most severe problems, which has significant implications for staff requirements and the mix of residential facilities needed. As well, the increased emphasis on preventive services has increased the need for the CAS's to coordinate their services with those provided by other agencies delivering children's services, as a variety of supports may be required by a family if it is to stay together. An example of such coordination of service is the Child Abuse Team, an inter-disciplinary team upon which both Societies are represented. In a region like Hamilton-Wentworth, which is relatively rich in terms both of the number and the variety of agencies

providing services, formalized coordination mechanisms such as this are required.

Caseload and Staffing Trends

The following tables show the caseload trends in both Societies in the years 1971-1975.

Table 19
CASELOAD TRENDS, CHILDRENS AID SOCIETY OF
HAMILTON-WENTWORTH*

<u>Type of Case</u>	'72-73			'73-75		'75-76	
	<u>1972</u>	<u>1973</u>	<u>% Change</u>	<u>1975</u>	<u>% Change</u>	<u>1976</u>	<u>% Change</u>
Protection	350	365	+4.3	422	+15.6	426	+0.9
Child Care	499	478	-4.2	464	-2.9	397	-14.4
Unmarried Mothers	56	32	-42.9	29	-9.4	31	-6.9
Foster Home Finding**	109	100	-8.3	72	-28.0	63	-12.5
Adoption*** Home Finding	<u>178</u>	<u>148</u>	<u>-16.9</u>	<u>122</u>	<u>-17.6</u>	<u>87</u>	<u>-28.7</u>
TOTALS	1192	1123	-5.8	1109	-1.2	1004	-9.5

*Source: Ministry of Community and Social Services
**Refers to number of applications received during the year
***Refers to number of applications received during the year

Table 20
STAFF COMPLEMENT OF THE CHILDREN'S AID
SOCIETY OF HAMILTON-WENTWORTH*

	'72-73			'73-75		'75-76	
Type of Staff	1972	1973	% Change	1975	% Change	1976	% Change
Social Workers	44	39	-11.4	50	+28.2	55	+10.0
Supervisors	8	9	+12.5	9	-	10.5	+16.7
Administration	5.5	4	-27.3	4	-	4	-
Clerical	<u>19</u>	<u>25.5</u>	<u>+34.2</u>	<u>28</u>	<u>+9.8</u>	<u>28</u>	<u>-</u>
TOTALS	76.5	77.5	+1.3	91.0	+17.4	97.5	+7.1

*Source: Ministry of Community and Social Services

Table 21
CASELOAD TRENDS, CATHOLIC CHILDREN'S AID
SOCIETY OF HAMILTON-WENTWORTH*

			'72-73		'73-75		'75-76
<u>Type of</u>			<u>%</u>		<u>%</u>		<u>%</u>
<u>Case</u>	<u>1972</u>	<u>1973</u>	<u>Change</u>	<u>1975</u>	<u>Change</u>	<u>1976</u>	<u>Change</u>
Protection	190	147	-22.6	321	+118.4	339	+5.6
Child Care	324	285	-12.0	256	-10.2	252	-1.6
Unmarried Mothers	37	31	-16.2	54	+74.1	60	+11.1
Foster Home Finding**	43	39	-9.3	44	+12.8	31	-29.5
Adoption Home Finding**	<u>113</u>	<u>146</u>	<u>+29.2</u>	<u>77</u>	<u>+47.3</u>	<u>84</u>	<u>+9.1</u>
TOTALS	707	648	-8.3	752	+16.0	766	+1.9

*Source: Ministry of Community & Social Services. **Refers to the number of applications received during year

Table 22
STAFF COMPLEMENT OF THE CATHOLIC CHILDREN'S
AID SOCIETY OF HAMILTON-WENTWORTH*

<u>Type of Staff</u>			'72-73				
	<u>1972</u>	<u>1973</u>	<u>% Change</u>	<u>1975</u>	<u>% Change</u>	<u>1976</u>	<u>% Change</u>
Social Workers	24.5	23.5	-4.1	25	+6.4	25	-
Supervisors	4	4	-	4	-	4	-
Administration	3	2	-33.3	3	+50.0	3	-
Clerical	<u>11.5</u>	<u>11.5</u>	<u>-</u>	<u>11</u>	<u>+4.3</u>	<u>11</u>	<u>-</u>
TOTALS	43	41	-4.7	43	+4.9	43	-

*Source: Ministry of Community and Social Services

Effects of Regional Government in Hamilton-Wentworth on CAS Services

Both Societies were already serving the area which was to become the Region of Hamilton-Wentworth eight years prior to the advent of regional government. Thus the transition to regional government was relatively smooth for them. Budget negotiations were facilitated somewhat by regionalization in that instead of having to deal both with the City of Hamilton and the County of Wentworth, the Societies now have to negotiate their budgets only with the Region. (Negotiations with the Province were unchanged.)

The regionalization of other services related to those services provided by the Societies has had some positive results for the CAS; for example, the Police Department has been able to hire a youth worker with whom the CAS

relates closely. Most Police Departments operating at the area municipality level would have been unable to hire a youth worker, for financial reasons.

Another positive result of regionalization for the CAS has been the increased equity in the provision of related services. The CAS must coordinate its efforts with a variety of other human service agencies such as the District Health Unit, Ambulance and police services and such programs financed by the municipality as homemakers and nurses services. Such coordination is facilitated when related programs provide service to the same geographical area.

The advent of Regional Government does not appear to have had a significant effect on the expenditures of either CAS. Both Societies show expenditure increases* that seem relatively modest when increases in wages and prices over the time period being examined are taken into account. No excessive increases in staffing can be remarked. It should be noted, however, that financial restraints imposed by the Province in recent years have probably affected CAS budgets more than any change which has occurred at the local level.

Relations With the Regional Government

As noted above, each Society has four members of the Regional Council appointed to its board of directors and to its executive committee. According to the information we have received, the Councillors so appointed take their responsibilities in this regard very seriously, and are faithful attenders of the meetings.

*See tables 15 and 16.

It is the practice for the Councillor members of the boards to participate fully in the Society budget discussions. The result is that the budgets as forwarded to Council have the approval and support of the Councillor members of the Society boards. So good is this relationship in Hamilton-Wentworth that the Council has in every instance approved the budgets proposed by the Societies, and forwarded them with a positive recommendation to the province. The Societies have not been quite so successful with the Province as they have been with the Region.

This relationship with the Region is an important one, especially in light of the oft-held view that the CAS is a special purpose body that draws on local tax revenue but is quite independent of the political decision-making process. While there is some theoretical validity to this argument, experience in Hamilton-Wentworth is such that it has little or no practical application. We see no reason to suggest any change in the relationship between the CAS's and the Regional Government. The system seems to be working to everyone's satisfaction.

The same comment may be made about the fact that the CAS budgets are brought to the Finance Committee of Regional Council in the first instance, rather than to the Social Services Committee. In theory, a review by the Social Services Committee should help ensure that the programs of the CAS's are carefully integrated with those of the Regional Social Service Department, and with those of other agencies with whom the Committee has dealings. In practice, however, the members of the Social Services Committee who are board members of the Societies do this kind of coordinating work already. Taking the Society budgets to the Social Services Committee before submission to the Finance Committee would really only add yet

another step in the approval process, a step that would be regarded by Committee members as an unuseful addition to what is now a perfectly satisfactory procedure. It may be noted here that the Local Directors of the Societies favour the current arrangement, since it gives them direct access to the Finance Committee when decisions are taken. Once again, we see no reason to suggest an alteration of current arrangements.

Commentary

Because the two Children's Aid Societies were operating for a number of years throughout the same geographic area that became the Region, the actual formation of the Regional Government had almost no effect on the services of the Societies. Their reporting relationship to local government for the purposes of getting budget approval were simplified, since they now had to gain approval from a single Council, not two.

There have been no contentious disputes regarding budgets between the Regional Council and the Societies. Indeed, there is no evidence that the Societies are not entirely sensitive to the budgetary policies of Council, and, through the Councillor members of their boards of directors, take these policies clearly into account in the process of preparing their budgets for submission.

It is unlikely that a change in the structure of local government in the Region would affect the operation of the Societies in any major way. It is certainly easier for all concerned if there is a single government to which the Societies must go for approval of budgets. That does not mean, however, that it would be a great difficulty for the Societies to have to gain support from more than one. If the Region

is to be broken up among two or more governments, it would be preferable from the point of view of CAS service if there were some arrangement by which they could continue to provide service over the same geographic area as now. Any change in this geographic jurisdiction would almost certainly lead to some increase in costs, and may create a problem for service delivery in some parts of the Region.

The recent changes brought about in the provincial government through the formation of the Children's Services Division, and the avowed determination to form local Children's Services Committees, are bound to have a major effect on the CAS's in Hamilton-Wentworth, as elsewhere. It is still far too early to forecast just what the effects will be. In the light of these forthcoming major changes, however, it seems best to maintain the current system, which is operating in a manner that causes very few complaints from any quarter.

LOCAL GOVERNMENT AND THE PRIVATE SECTOR

Mention is made above of the variety and scope of the private organizations that provide social services in the Hamilton-Wentworth region. Though many of these organizations operate with little or no contact with the Regional government or its Social Services Department, some have important contacts.

Local agency dealings with the Regional Government are of these kinds. The first, and perhaps most important, is the instances where the private agency contracts to provide service on behalf of the Region. The sorts of services contracted for include counselling, day care, homemaker and nursing services, care in nursing and boarding homes, and meals-on wheels. These services are purchased by the Department on behalf of people who qualify for assistance, and the costs are therefore shared by the province (and hence also by the federal government).

Hamilton-Wentworth is a leader in the field of using purchase-of-service contracts, and we are told that nearly half of the money the province pays to municipalities for such services goes to the Region.

The provider of the largest amount of purchased service is Family Services of Hamilton-Westworth, Inc., a private agency providing a variety of services including life skills, family development, debt and general counselling. In terms of the programs, day care for children is the one on which the Department spends the most money. Departmental estimates for 1977 included amounts of \$1,379,050 for day care in licensed nurseries, and \$225,300 for care in

private homes. Another important service is visiting homemakers, for which \$375,560 was budgeted in 1977. By comparison, the amounts spent on visiting nurses' services -- \$21,170 to the Victorian Order of Nurses and the St. Elizabeth Nurses combined -- is now minimal.

The arrangements are not entirely without difficulty for both the Department and the service-providing agency. As experience is gained, however, many of the problems are being worked out. These matters, too, are studied in the report of the Municipal Welfare Consulting Branch prepared for the Department, and we shall not comment further on them here.

The second kind of contact agencies may have with the Region is the instances where they apply to Council for a grant. Every year the Social Services Committee of Council makes a series of recommendations to the Council through the Finance Committee about which organizations should receive grants from the Regional Government. There are, of course, many organizations that receive grants that could not be considered to be social service agencies in the normal meaning of the term. Nonetheless, a list of the grants recommended by the Finance Committee, on April 28, 1977, may be found in Appendix B of this report.

The authority to make such grants is given to the Region by provincial statute, and the exercising of that authority is perfectly appropriate. The Social Services Committee is advised in the first instance by the Commissioner, as is quite proper. We see no reason to comment further on this area of municipal expenditure.

The third type of contact private agencies have with

the region is discussed in the penultimate section of this report on social services, "Operation of the Social Services 'System'".

AREA MUNICIPALITIES AND SOCIAL SERVICES

The constituent area municipalities of the Hamilton-Wentworth Region do not play a major role in the provision of social services. Nonetheless, they do have a place in the system.

Under the provisions of The Municipal Elderly Residents Act, municipalities are enabled to provide tax credits to elderly people. The City of Hamilton and the Town of Stoney Creek provide this relief in the amount of \$75, and the Town of Dundas in the amount of \$100. Dundas requires some evidence of need before the relief is granted. In addition, local municipalities may make grants to Elderly Person's Centres and offer reduced fares for the elderly on the bus system.

The total amount spent by the local municipalities is very small indeed in relation to the expenditures made by the Region. Table 23 shows the amount of these expenditures for the year 1976 for each of the area municipalities. Indeed the expenditures are insignificant, except for the City of Hamilton, which has a policy of providing subsidized bus fares to both its senior citizens and its students.

The amounts spent by the municipalities for these programs are entirely discretionary, and we see no need to comment on the political decisions made by local Councils on behalf of their residents.

Table 23

EXPENDITURES BY AREA MUNICIPALITIES FOR SERVICES
TO AGED PERSONS AND SERVICES TO CHILDREN, 1976*

	<u>Services to Aged Persons</u>	<u>Services to Children</u>
City of Hamilton	\$1,430,739	\$930,549
Town of Stoney Creek	49,538	-
Town of Dundas	25,919**	-
Town of Ancaster	6,900	-
Township of Flamborough	-	-
Township of Glanbrook	-	-

*Source: Information supplied to Commission by Woods, Gordon and Company.

**Does not include \$1,825 spent from a trust fund to subsidize local bus fares for Seniors.

In addition to the above-mentioned programs, the area municipalities have the authority to make grants to organizations that provide service in the area. In the expectation that such grants, if any are made at all, will be very small indeed, and in any event are the result of a local Council decision, we have not undertaken an inquiry into this matter.

From the foregoing it can be seen that, while there is a role that the area municipalities may play in the social service system of Hamilton-Wentworth, that role is a purely optional one, and not essential to the overall pattern of the system.

OPERATION OF THE SOCIAL SERVICE "SYSTEM"

From the foregoing it will be readily seen that there is no cohesive social service system as such in Hamilton-Wentworth. In this, the area is not unique; no such system exists anywhere in Ontario. Because of the varying sources of authority for the different agencies in the field, there is no overall system for coordinating effort and for setting priorities. The result is that the whole field does not operate in a cohesive way, and that what coordination is actually achieved is the result of the voluntary cooperation of workers, not of any preconceived plan or program.

It would be misleading to suggest that the degree of cooperation between the agencies is poor. Indeed, one of the significant characteristics of the social services in Hamilton-Wentworth is the open and helpful manner in which the heads of agencies deal with one-another to solve mutual problems. The heads of most of the major agencies and government services are on a first-name basis, have frequent telephone contact, and meet at a variety of different committee and other gatherings. The informal relationships seem to be excellent.

One element of these informal contacts that is worth mentioning is the Regional Councillors. Members of the Social Services Committee of Council are remarkably active members of the social service community. Members' names appear on the boards of the Children's Aid Societies, the Homes for the Aged, the Board of Health, the Social Planning and Research Council, and on a variety of other organizations operating within the community. These people are a very useful linking resource in the area's social service system.

In our view the amounts of money and time that are spent on providing service in the Hamilton-Wentworth Region are sufficiently large to justify and to require some more formal mechanism for ensuring coordination among the services and for determining priorities. The stakes have become too large to allow so much to be left to chance any longer. There is now no way that this overall social planning can be done.

The Ministry of Community and Social Services has announced that it intends to bring some cohesion to the field of delivery of services to children with special needs. It has established a Children's Services Division for this purpose, and has announced that it will foster the formation of local Children's Services Committees to coordinate and oversee the delivery of services at the local level. These Committees are to be responsible to local government.

It is too early to tell just what effect the formation of the Children's Services Committee will have on the delivery of services to children in the Hamilton-Wentworth Region. That it will have a marked effect, is certain. In addition, it is likely that the Committee will have some impact on the provision of other services than those specifically designed for children with special needs.

In light of these forthcoming important changes, we think that this is not the appropriate time to make suggestions for coordination of the entire social service system of the Region. In addition, we doubt that the Commission is the body that should make any concrete recommendation in this area. As a result, we make no specific recommendation on the subject of bringing better cohesion to the System. We think it would be appropriate, however, if the Commission

were to make note in its report of the need for better co-ordination, and to ask that the government of the Region be aware of this need, and cooperate and even take the lead in initiatives to bring about some effective formal mechanism for coordination of social services in Hamilton-Wentworth.

CONCLUSION

In general terms, Hamilton-Wentworth is well served by its local social service agencies. The Regional Social Services Department provides a much higher quality service, with much better management control, than was provided to the city before regionalization. The residents of the former County now have access to a variety of services that were not previously available to them. We have no reason to believe that the costs of the Department are excessive, and suggest that the answer to that will lie in the extensive review of organization and procedures that has been undertaken, at the request of the Commissioner of Social Services, by staff of the Ministry of Community and Social Services.

The two old age homes operated by the Regional Government appear to have been very little affected by the formation of the Region. Apart from some minor changes in administrative procedures and changes in the body that appoints the committees of management, the operations have continued as before.

The Children's Aid Societies, though theoretically quite independent of the Regional Council, in effect are directly influenced by the judgement of the Councillors on their boards of directors, to the extent that CAS budgets have always had the support of the Councillor members and have passed without amendment through the Regional Council. No strong arguments have been brought forward suggesting that there might accrue any significant advantages to changing a situation that seems to be working to the satisfaction of everyone involved.

The private agencies are many and varied. The Region is well served, and though not without problems, has established apparently effective means of getting cooperation among agencies, especially on specific issues. The lack of an overall formal coordinating mechanism is an important handicap to effective planning for service delivery. but is by no means unique to this region.

We think it is significant that so few comments have been made about the social services in the briefs presented to the Review Commission, and at the public hearings. We are confident that if there were serious problems in the system, there would have been mention made of them during the process of gaining the views of the public. That there have been so few comments seems, in our view, to reinforce our own impression that the social service system of Hamilton-Wentworth, though by no means perfect, is not a serious problem, and is by no means at the root of the situation with which the Commission was established to deal.

HEALTH SERVICES

SUMMARY

All three levels of government are involved in the health system. The responsibilities of each level are as follows:

Federal Government

The federal government funds health programs through cost-sharing arrangements with the provincial government. The aim of such funding is to ensure national health care standards. It is undeniable that such federal funding influences provincial spending priorities.

The federal government is involved in directly providing health services to certain categories of people such as reserve status Indians and persons living in the Northwest Territories.

Research in the medical sciences is supported by the federal government through its funding of the Medical Research Council, the National Research Council and the Defence Research Board. The Food and Drug Directorate of the Department of National Health and Welfare controls, inspects and sets standards for foods, cosmetics, drugs and medical devices.

The impact of federal involvement on health services delivered at the local level is indirect; for example, cost-sharing decisions made by the federal government may affect the spending priorities of the province, which in turn affect health services provided locally.

Provincial Government

The provincial government has the most significant

involvement in the health field of any level of government. It assumes the following responsibilities:

- universal compulsory health insurance
- funding of all operating costs and most capital costs of hospitals
- the establishment of standards and regulations for institutions such as nursing homes
- funding of homecare services
- funding of public health units operated at the municipal level
- the regulating of health practitioners
- operating mental health institutions
- providing grants to voluntary health agencies
- funding District Health Councils

The Ministry of Health funds and sets standards for a large number of health services. This affects services available at the local level in that provincial spending priorities affect local spending priorities where programs are cost shared. Provincial standards, too, are a major factor in determining the quality and quantity of health services available at the local level.

District Health Councils

District Health Councils are set up and entirely funded by the Province. Their significance to health services at the local level is that Councils have the mandate to plan and coordinate health services in a region, and to make decisions, in order of priority, regarding needed new services. Their function is to advise the provincial government, with whom the final authority for such decisions rest. There is representation of regional councillors on the District Health Council, but it is to the province that District Health Councils are accountable.

Regionalization did not affect the operations of the District Health Council in any way.

Municipal Government

The following are the responsibilities of a municipality in funding and providing health services:

- providing public health services
- partially funding public health services
- contributing to the capital costs of hospitals

Private Sector

The private sector is deeply involved in certain aspects of the health care system, in the following ways:

- delivery of some forms of institutional care
(e.g. nursing homes)
- private practitioner services
- voluntary agencies and community groups

The municipality's most significant involvement in the health care system, and the area that is of specific interest to the Review Commission, is in the provision and funding of public health services.

Public Health Services

Public health services are delivered by the Regional Health Unit, which is accountable to the Board of Health, a special purpose body. The Board of Health consists of nine members, seven of whom are members of the Regional Council of Hamilton-Wentworth and two of whom are provincial appointees. Of the seven regional representatives, four represent the City of Hamilton and three represent parts of the former County of Wentworth. Chairmanship of the Board rotates yearly between a councillor from the City of Hamilton and a councillor from

the former County.

The chief administrative officer of the Regional Health Unit is the Medical Officer of Health, who is appointed by the Board of Health subject to the approval of the Minister of Health. Other staff are; public health nurses, public health dentists, public health inspectors and other health professionals.

Services Provided

The following services are provided by the Regional Health Unit:

(1) Public Health Nursing

The public health nursing department visits aged and disabled people in their homes. Public health nurses of the department also visit schools to educate children about public health issues and to inspect pupils for certain communicable diseases (e.g. pediculosis). The department performs assessment for the Assessment and Placement Service of the District Health Council. Parents of newborn infants are visited by the Department, and pre-natal classes are provided. Representatives of the Department also teach at the Venereal Disease Clinics in the Region.

(2) Public Health Dentistry

The Dentistry Department supervises dental clinics in the City of Hamilton, and teachers and encourages preventive dental measures throughout the region, particularly within the school system.

(3) Public Health Inspection

The Inspection Department is responsible for abating public health nuisances, inspecting food handling establishments, monitoring septic tank installations, control of communicable diseases, and pest control.

(4) Psychiatric Clinic (Child and Adolescent Services)

The Clinic provides consultation and outpatient treatment of children and adolescents in the region.

(4) Immunization Clinics

Immunization against communicable diseases is provided to persons throughout the region.

The seven municipal representatives of the Board of Health are all elected officials of the Regional Government. Regional Council approves the budget of the Board of Health and pays 25% of the costs of the operations of the Regional Health Unit.

Provincial Impact on the Service

The province is responsible for meeting 75% of the cost of the operations of the Regional Health Unit. Costs of the Child and Adolescent Mental Health Clinic are 100% met by the province, as are planned parenthood services. The province's definition of what constitutes an "allowable" cost has significant impact on the budget of the health unit; when the province decides not to cost share in a particular program, the health unit must meet the entire costs of the service, or cease to provide it. The decision of the province as to which services should be paid for entirely out of provincial monies also affects the budget of the health unit.

Effect of Regionalization on the Regional Health Unit

The Regional Health Unit began providing services to the areas later to become the Region of Hamilton-Wentworth in 1968. Thus the advent of regional government did not greatly change its operations. Regionalization of services related to those provided by the health unit (e.g. municipal social services) made it easier for the health unit to develop

needed linkages with such programs.

The costs of the Regional Health Unit to the municipality have increased 24% since 1973. This cost increase is almost entirely explainable in terms of increased wage settlements, a phenomenon not peculiar to Hamilton-Wentworth. Approximately 80% of the health unit's budget goes to meet the costs of salaries; thus, any increased wage settlement has a significant impact on the budget of the health unit.

Conclusion

It is our conclusion that no change should be made in the way in which public health services are delivered at this time. Delivering these services at a regional level carries with it some advantages and no apparent disadvantages. Expenditures of the health unit have not been increased by regionalization per se, but mainly by the global phenomenon of increased wage settlements.

ACCORDINGLY, WE RECOMMEND THAT: No change be made in the area of responsibility of the Hamilton-Wentworth Regional Health Unit, nor in the composition and reporting relationship of the Board of Health.

HEALTH SERVICES

Like social services, health services in Hamilton-Wentworth are provided by a combination of all three levels of government, and by the private sector. The absolute and relative importance of the municipal level of government in health, however, is much smaller than for social services. Simultaneously, the private sector is much more significant, comprising the services of most of the physicians and many of the other practitioners, as well as a number of organizations with specific health-related objectives and services.

It is probably useful to identify just what each level of government does in the present system, and this is done in the following section.

GOVERNMENT INVOLVEMENT IN THE HEALTH SECTOR

Federal Government

The main involvement of the federal government in health services is its funding of medical care* and hospital insurance programs.**

Federal government funding of health services is intended to ensure national health care standards, and equality in the provision of health services across the country. Cost sharing arrangements between the federal government and the provinces affect the health services provided at the provincial level since such arrangements often affect spending priorities.

The federal government's involvement in the direct provision of health services consists of providing medical services to certain categories of people such as reserve status Indians and persons living in the Yukon and the Northwest Territories.

Other involvements of the federal government in the health field are in the following areas:

(1) Research

Research in the field of medical science is supported by the Medical Research Council, the National Research Council and the Defence Research Board.

(2) Grants

The Department of National Health and Welfare

*Through the Medical Care Act.

**Through the Hospital Insurance and Diagnostic Services Act.

develops cost-sharing conditions and funding programs for the cost-sharing arrangements between the federal government and the provinces. Such arrangements can significantly affect the spending priorities of each province.

(3) Food and Drug Inspection

The Food and Drug Directorate of the Department of National Health and Welfare controls, inspects and sets standards for food, cosmetics, drugs and medical devices.

Provincial Government

Pursuant to authority given to it in the British North America Act the provincial government assumes the following responsibilities in the health field:

- universal compulsory health insurance
- funding of all operating costs and most capital costs of hospitals
- the establishment of standards and regulations for institutions such as nursing homes
- funding homecare services
- funding of public health units operated at the municipal level
- the regulating of health practitioners
- providing grants to voluntary health agencies
- funding District Health Councils
- doing research and providing counselling in the field of drug and alcohol addiction.

The provincial government agency responsible for performing these functions is the Ministry of Health. Its role of funding health services and of setting the standards for these services has significant implications for the health services which are available at the local level. If, for example, the Ministry of Health decides to discontinue the funding

of a particular service provided by a local public health unit, that service may cease to exist. Similarly, the standards that the Ministry sets regarding the number of institutional beds that should be available in each part of the province significantly affect the institutional sector.

Municipal Government

A municipality has the following responsibilities in funding and providing health services:

- providing public health services (a responsibility delegated to municipal government by the province)
- partially funding public health services
- contributing to the capital costs of hospitals.

THE HEALTH CARE SYSTEM IN HAMILTON-WENTWORTH

The health care system at the local level can be divided into four parts. These are:

- (1) public health services
- (2) institutional services
- (3) private practitioner services
- (4) voluntary agencies and consumer groups

PUBLIC HEALTH SERVICES

In 1923 the Ontario Department of Health was created consolidating several existing provincial programs. The Department assumed overall responsibility for health services in the province but continued to delegate the responsibility for provision of public health services to the municipal level.

In Hamilton-Wentworth, a Board of Health assumes this responsibility under the authority of The Public Health Act, and operational responsibilities are carried out by the Hamilton-Wentworth Regional Health Unit. The Health Unit is staffed by a chief executive officer, the Medical Officer of Health (M.O.H.), public health nurses, public health dentists, public health inspectors and other health professionals.

Prior to 1968 there were two Boards of Health in the geographical area later to become the Region of Hamilton-Wentworth, one serving the City of Hamilton and one serving the County of Wentworth. In 1968 the two Health Units amalgamated to form a single unit, with the encouragement and blessing of the Ministry of Health.

Organization of the Hamilton-Wentworth Health Unit

The Hamilton-Wentworth Board of Health has nine members,

seven of whom are Councillors of the Regional Municipality of Hamilton-Wentworth and two of whom are provincial appointees. Of the seven regional representatives, four came from the City of Hamilton and three from the former County of Wentworth. The regional representatives also sit on the Social Services Committee of Regional Council. Chairmanship of the Board rotates yearly between a councillor from the City of Hamilton and a councillor from the former County.

The Regional Health Unit is headed by the M.O.H., who is assisted by an Associate M.O.H. The Health Unit is composed of three departments -- Public Health Nursing, Public Health Dental, and Public Health Inspection, each of which has a director. The Unit also operates a Mental Health Clinic.

The M.O.H. is appointed by the Board of Health subject to the approval of the Minister of Health. The M.O.H. is the chief executive officer of the Board of Health and as such, is responsible for the promotion and protection of public health and for keeping Board members informed on health matters. He implements Board directives and manages the activities of the Health Unit. He is also responsible for analyzing community health problems and for identifying gaps in health protection services in consultation with health unit staff.

The Board of Health's major responsibilities are budget approval and the establishment or approval of policies which guide the delivery of services provided by the Health Unit.

Personnel and payroll functions of the Health Unit are performed by the Region.

Legislative Mandate of the Regional Health Unit

In order to ensure a high standard of public health in the area which they service, public health units are given responsibility for administering or enforcing some parts of a wide variety of legislation. In addition to The Public Health Act, the health unit and its work are affected by:

- The Ambulance Act
- The Animals for Research Act
- The Bread Sales Act
- The Cemeteries Act
- The Charitable Institutions Act
- The Children's Mental Health Centres Act
- The Chiropody Act
- The Day Nurseries Act
- The Dentistry Act
- The Drugless Practitioners Act
- The Embalmer and Funeral Directors Act
- The Environmental Protection Act
- The Fish Inspection Act
- The Homes for Special Care Act
- The Hypnosis Act
- The Industrial Safety Act
- The Landlord and Tenant Act
- The Meat Inspection Act
- The Mental Health Act
- The Medical Act
- The Milk Act
- The Ministry of Health Act
- The Municipal Act
- The Municipal Health Services Act
- The Nursing Homes Act
- The Ontario Water Resources Act

- The Pesticides Act
- The Sanatoria for Consumptives Act
- The Silicosis Act
- The Tourism Act
- The Upholstered and Stuffed Articles Act
- The Venereal Disease Act
- The Vital Statistics Act
- The Vocational Rehabilitation Act
- The Workmen's Compensation Act

In addition to helping implement these provincial statutes, the health unit must also support municipal by-laws by inspection, licensing or supervision. Examples of subjects dealt with by such by-laws are:

- Food Stuffs Establishments
- Butchers and Persons who sell meat
- Milk vendors
- Bake Shops
- Barber Shops
- Laundries
- Dry Cleaning Establishments
- Pet Shops
- Lodging Houses
- Private Waste Disposals
- Collection of Garbage and Refuse

As the above lists of legislation and by-laws demonstrate, the concerns of the Regional Health Unit are many and varied.

Funding Provisions

The costs of services provided by the Regional Health Unit are met 25% by the Regional Municipality of Hamilton-

Wentworth and 75% by the Ministry of Health of the Ontario Government. The provincial contribution is for the cost of approved programs; the Region may provide certain services for which it is responsible for paying the entire costs. Certain programs, however, are 100% funded by the provincial government. These are (1) the Child and Adolescent Centre and (2) Planned Parenthood Services.

The following tables show the expenditure and revenue patterns of the Regional Health Unit in the years 1972 to 1976.

Table 24
EXPENDITURES AND REVENUES OF THE REGIONAL
HEALTH UNIT OF HAMILTON-WENTWORTH*

	<u>1972</u>	<u>1973</u>	<u>'72-73 % Change</u>	<u>1974</u>	<u>'73-74 % Change</u>
Expenditures	\$2,058,563	\$2,116,692	2.8	\$2,279,296	7.7
Revenue	2,255,795	2,359,924	4.6	2,355,227	-0.2
	<u>1975</u>	<u>1976</u>	<u>'72-76 % Change</u>		
Expenditures	\$2,901,445	\$3,285,616	59.6		
Revenue	2,931,405	3,285,616	45.7		

*Source: Annual Reports, 1972-1976, Hamilton Wentworth Regional Health Unit.

Table 25
PER CAPITA EXPENDITURES OF THE REGIONAL
HEALTH UNIT OF HAMILTON-WENTWORTH*

<u>1972</u>	<u>1973</u>	<u>'72-73 % Change</u>	<u>1974</u>	<u>'73-74 % Change</u>	<u>1975</u>	<u>'74-75 % Change</u>	<u>1976</u>	<u>'75-76 % Change</u>
\$5.10	\$5.28	3.5	\$5.70	8.0	\$7.23	26.8	\$8.04	11.2
1972-76 % <u>Change - 57.6%</u>								

*Source: Annual Reports, 1972-1976, Hamilton-Wentworth Regional Health Unit.

Table 26
SOURCES OF REVENUE FROM MUNICIPAL
AND PROVINCIAL GOVERNMENTS*

	<u>1972</u>	<u>%</u>	<u>1973</u>	<u>%</u>	<u>1974</u>	<u>%</u>
Provincial	\$ 459,620	22.4	\$ 523,580	24.2	\$ 474,070	21.3
Municipal	<u>1,596,564</u>	<u>77.6</u>	<u>1,636,940</u>	<u>75.8</u>	<u>1,752,916</u>	<u>78.7</u>
TOTALS	\$2,056,184	100	\$2,160,520	100	\$2,226,986	100
	<u>1975</u>	<u>%</u>	<u>1976</u>	<u>%</u>		
Provincial	\$ 569,190	20.5	\$ 651,337	21.0		
Municipal	<u>2,207,745</u>	<u>79.5</u>	<u>2,447,011</u>	<u>79.0</u>		
TOTALS	\$2,776,935	100	\$3,098,348	100		

*Excludes the City of Hamilton's contribution (Dental Treatment Clinics), "Miscellaneous" sources of revenue, and previous year surplus. Includes programs with 100% provincial contribution.

*Source: Annual Reports, 1972-1976, Hamilton-Wentworth Regional Health Unit.

Gross expenditures of the Hamilton-Wentworth Health Unit have increased 59.6%, and per capita costs have increased

57.6% between 1972 and 1976. The municipal contribution has increased 41.7% in that time period, as compared with the provincial contribution which has increased 53.3%.

Several factors have combined to cause costs to rise, none of which are exclusive to Hamilton-Wentworth. The major factor appears to be salaries, 80% of the Health Unit's expenditures are for this item, so that any increase in wage settlements significantly affects expenditures. The Health Unit has reduced staff in some areas, notably clerical, so that the same level of public health service can be provided. (Table 27.)

The Region's share of the Health Unit's budget is affected by changes in provincial policy. The province may alter its definition of what constitutes an "approved" service, leaving the municipality with a program underway for which it must meet the entire cost. For example, dental services provided in the "Extraction Clinic" at Chedoke Hospital are no longer covered by O.H.I.P. It should be noted, however, that some changes in provincial policy can be financially advantageous to the Region. For example, in 1975 the Province made the decision to fund all planned parenthood clinics in Ontario; the clinic in Hamilton-Wentworth had previously been funded mainly by the Region. It is clear from Table 28 that provincial participation has risen significantly more than regional participation in meeting the costs of the health Unit. Neither level's participation has increased as much as have the gross expenditures and the per capita costs; the reason

*Source: 1974 Annual Report, Hamilton-Wentworth Regional Health Unit.

for this apparent anomaly is that certain sources of revenue which have increased more than revenue from provincial and regional sources (i.e. the city of Hamilton's contribution for a dental clinic) were not included in Table 30, and these sources have gone toward making up the shortfall between the Health Unit's expenditures and revenues.

Services Provided by the Regional Health Unit

The Health Unit provides the following services:

(1) Public Health Nursing

- home visits (primarily to aged and disabled persons)
- school visits
- assessment for the Assessment and Placement Services*
- visits to parents of newborn infants
- visits to ex-psychiatric patients
- teaching at the Venereal Disease Clinics
- provision of pre-natal classes
- public health teaching

(2) Public Health Dentistry

- supervision of dental clinics in the City of Hamilton
- teaching and encouraging preventive dental measures throughout the Region and in the schools

(3) Public Health Inspection

- abating public health nuisances
- inspecting food handling establishments
- monitoring of septic tank installations
- control of communicable diseases
- pest control

(4) Psychiatric Clinic (Child and Adolescent Services)

- consultation and out-patient treatment of children and adolescents in the region

*A program of the District Health Council.

(5) Immunization Clinics

-immunization is provided to persons throughout the Region

Services are provided through the Main Health Office (Headquarters) and four other Health Unit offices. The Child and Adolescent Services are housed in a separate location. Table 29 shows the number of staff within the various departments which provide the services listed above, for the years 1972 to 1976.

As can be seen, staffing of the Regional Health Unit has actually decreased somewhat since 1972. Many of the functions of the Health Unit are statutory, however, and must be performed if the Health Unit is to fulfill its mandate. Accordingly, the Health Unit has cut back on certain services having lower priority. Homes visits, for example have increased from 28,413 in 1972 to 30,844 in 1976, an 8.6% increase. Nursing time spent visiting schools, however, has been decreased in order to meet this demand. Tables 28, 29 and 30 show caseload trends between the years 1972 and 1976.

Table 27
STAFFING OF THE REGIONAL HEALTH UNIT*

	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>Total % Change</u>
Nursing Staff	78	74	74	74	75	- 3.8
Nursing Supervisors	6	5	5	5	5	-16.7
Nursing Admin.	2	2	2	2	2	-
Public Health Inspectors	19	18	16	17	17	-10.5
Public Health Admin.	2	2	2	2	2	-
Dental Staff	13	13	15	15	14	7.7
Clerical/Admin.	31	26	25	27	27	-19.4
Mental Health	12	11	10	16	15	25.0
Physicians	<u>4</u>	<u>3</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>-50.0</u>
TOTAL	167	154	151	160	159	- 4.8
Part-time staff	21	15	15	25	24	14.3
TOTAL	<u>188</u>	<u>169</u>	<u>166</u>	<u>185</u>	<u>183</u>	<u>- 2.7</u>

*Source: 1976 Annual Report Hamilton-Wentworth Regional Health Unit.

Table 28
TOTAL PUBLIC HEALTH INSPECTIONS, 1972-1976*

	<u>1972</u>	<u>1973</u>	<u>'72-73 % Change</u>	<u>1974</u>	<u>'73-74 % Change</u>	<u>1975</u>	<u>'74-75 % Change</u>	<u>1976</u>	<u>'75-76 % Change</u>	<u>'72-76 % Change</u>
	34,580	36,447	5.4	36,335	-0.3	35,106	-3.3	34,935	-0.5	1.0

Table 29
TOTAL HOME VISITS MADE BY PUBLIC HEALTH NURSING STAFF*

	<u>1972</u>	<u>1973</u>	<u>'72-73 % Change</u>	<u>1975</u>	<u>1976</u>	<u>'75-76 % Change</u>	<u>'72-76 % Change</u>
	28,413	18,709	-34.2	39,869	30,844	-22.6	8.6

Table 30
TOTAL NUMBER OF PATIENTS SERVED BY PUBLIC HEALTH DENTAL CLINICS*

	<u>1972</u>	<u>1973</u>	<u>'72-73 % Change</u>	<u>1974</u>	<u>'73-74 % Change</u>	<u>1975</u>	<u>'74-75 % Change</u>	<u>1976</u>	<u>'75-76 % Change</u>	<u>'72-76 % Change</u>
	10,045	8,969	-10.7	8,897	-0.8	9,221	3.6	8,313	-9.8	-17.2

*Source: Annual Reports, Hamilton-Wentworth Regional Health Unit

Effects of Regional Government in Hamilton-Wentworth on Regional Health Unit Services

The Hamilton-Wentworth Health Unit was already serving the areas which were to become the Region of Hamilton-Wentworth six years prior to the advent of regionalization. Consequently no major changes in modes of service provision were required, and those administrative changes that were necessary (e.g. the transfer of payroll and personnel responsibilities to the Regional Municipality of Hamilton-Wentworth) were accomplished relatively smoothly.

Some benefits have accrued to the Health Unit through the formation of regional government. For example, the public health nursing staff, who must relate in their work to the municipal welfare department, find it more convenient to deal with one welfare department at the regional level rather than two at the city and county levels. As well, more equity in the services provided by the welfare department (e.g. Visiting Homemakers) exists now across the Region than was the case prior to regionalization. This ensures the public health nurse of the support services which she relies upon in order to perform her job.

We are told that another positive result of regionalization has been that elected officials of the new regional government put a higher priority on the Board of Health's activities than either the City of Hamilton or the County of Wentworth's elected officials previously had done.

Third, the advent of regional government made the task of providing equity of service to the entire region somewhat easier. Liaison with functions performed by the Region that are not health services but that affect the provision of health services (e.g. the water and sewage control functions of the

of the Planning Department) has become easier.

It would appear that regionalization per se has not escalated the costs of the Regional Health Unit. Costs have risen recently, but not on account of increased administrative staff or expenses. Increased costs relate rather to increases in wage settlement, a province-wide phenomenon not exclusive to Hamilton-Wentworth. It should be noted, too, that to some extent it is difficult to control the budget of a Regional Health Unit, because, like a Children's Aid Society and a municipal Social Services Department, it provides a number of services that are mandatory. Thus, if the need for such services increases, budget requirements will increase accordingly. From an analysis of staffing patterns from 1972-1976 it is clear that the Health Unit has attempted to reduce or hold the line on staff, and has streamlined its administrative operation. It is also apparent from an analysis of the work load of the Unit that service priorities have had to be re-evaluated in the light of budgetary and staffing constraints.

INSTITUTIONAL SERVICES

Institutional services in the health sector consist of those services provided in hospitals of various types and in nursing homes. Hamilton has one teaching hospital, two civic hospitals, three public hospitals and 18 nursing homes. Some of these institutions provide only one type of bed care (e.g. active treatment) while others provide more than one. The institutional sector in Hamilton-Wentworth has the following occupancy capacity:*

- active treatment beds	- 1969
- chronic care beds	- 269
- psychiatric acute care beds	- 87

*Source: Data and Development Branch, Ministry of Health

- general rehabilitation beds - 95
- special rehabilitation beds - 77
- nursing home beds - 1226

Hamilton-Wentworth has an average of 7.4 hospital beds per 1000 population, as compared to the provincial average of 6.5 (these figures do not include facilities for psychiatric treatment).

In 1976 the province contributed \$124,653,000* to the budgets of these hospitals. Nursing homes are privately owned and operated facilities so receive no direct support from the province.

Services Provided in the Institutional Sector

Nearly all services that can be supplied through hospitals can be found in Hamilton-Wentworth, and many are available at more than one hospital. A partial list of services available follows:

- | | |
|----------------------|--------------------------|
| -surgery | -obstetrics |
| -emergency | -psychiatry |
| -X-ray | -nuclear medicine |
| -pediatrics | -dialysis |
| -family medical care | -alcohol rehabilitation |
| -audiology | -speech therapy |
| -physiotherapy | -rehabilitation programs |

Municipal Involvement in the Institutional Sector

Under The Regional Municipality of Hamilton-Wentworth Act, the Region is responsible for:

*Source: Data and Development Branch, Ministry of Health.

"Granting of aid for the construction, erection, establishment, acquisition, maintenance, equipping and carrying on the business of all public hospitals including municipal hospitals and other health care facilities in the Regional area and issuance of debentures therefore."

This means that the Region may make capital grants for hospital facility building or expansion, through Regional debentures or cash contributions. Table 31 shows the extent of municipal contributions in the area for the years 1972, 1974, 1975, 1976, and 1977.

Table 31

CONTRIBUTIONS OF LOCAL GOVERNMENT
TO CAPITAL COSTS OF HOSPITALS*

	<u>1972</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>
City of Hamilton	\$855,969	\$ 73,157	\$ 75,190	\$ 56,670	\$ 61,280
County of Wentworth	118,173				
Region of Hamilton- Wentworth		973,985	939,057	1,069,141	1,101,120

*Source: Estimate documents of the relevant municipalities.

PRIVATE PRACTITIONER SERVICES

When an individual requires any type of health service, his first contact will probably be with a private practitioner. Table 32 shows the number of doctors in Hamilton-Wentworth, and in the Province of Ontario as a whole.

TABLE 32
DOCTORS IN THE HAMILTON-WENTWORTH
REGION AND IN THE PROVINCE OF ONTARIO

	Hamilton- Wentworth	Number per 1000 pop.	Province of Ontario	Number per 1000 pop.
General Practitioners	277	.67	5568	.68
Specialists	<u>335</u>	<u>.80</u>	<u>5420</u>	<u>.66</u>
Total	612	1.47	10,998	1.34

This table shows that Hamilton-Wentworth has more doctors, on a per capita basis, than does the province taken as a whole. Hamilton-Wentworth has slightly fewer general practitioners per capita, but significantly more specialists. Whereas almost 55% of the doctors in the Region of Hamilton-Wentworth are specialists, the comparable figure for the Province is only 49%. This difference is probably caused by the highly developed institutional sector in Hamilton-Wentworth, and in particular to the existence of a teaching hospital in the Region, which doctors wishing to practice a specialty find attractive.

*Data Development and Evaluation Branch, Ministry of Health.
(Figures 25 of Mar. 1976, and include all physicians registered with OHIP).

VOLUNTARY AGENCIES AND CONSUMER GROUPS

There are a large number of private agencies in Hamilton-Wentworth whose services relate directly or indirectly to the health sector. The voluntary sector in the health field is small in terms of expenditures, but the agencies provide important services in the following ways:

(1) Information and Referral

In view of the complexity of the health system, particularly in an area like Hamilton-Wentworth which offers a rich array of varied services, it is sometimes difficult for people requiring assistance to know where to seek the service they need. Information and referral services can assist significantly in this regard. In Hamilton-Wentworth such services exist for various ethnic groups, and for persons having a particular condition or disability. The Migraine Foundation is an example of an organization providing information and referral services.

(2) Advocacy

People can get lost in a system like this, or bewildered by it. They may be turned away from services they are entitled to, or may fall between the jurisdiction of two programs and end up by receiving services from neither. Groups providing an advocacy service attempt to resolve such problems. Advocacy organizations may serve persons of a particular ethnic background, persons having a particular condition or disability, or all persons having one specific problem. People for Alliance is an example of a group providing an advocacy service, and many of the associations for specific areas such as the blind, paraplegic, etc, also do effective advocacy work.

(3) Fund Raising

Large scale health agencies receive substantial government funding. Such programs may, however, need to raise

funds for costs incurred not covered by government funding. The volunteer groups play an important role in this regard. The Hamilton District Society For Crippled Children is an example of an organization which does fund-raiding.

(4) Self Help

Some people with health-related problems find assistance in a self-help group such as Alcoholics Anonymous. As well, people with an incurable health problem (e.g. a physical handicap) find adjustment to such a handicap facilitated by membership in a group of people having a similar handicap.

(5) Volunteer Groups Providing a Direct Service

Some volunteer groups provide direct services to individuals requiring assistance. Such services include counselling, friendly visiting, material assistance and others. Auxiliaries to hospitals are an example of a voluntary agency providing a direct service.

ISSUES IN THE HEALTH SECTOR

The following issues have been identified as being of concern in the health field:*

- duplication of resources
- fragmentation and wastefulness in the use of resources
- geographical misallocation of health manpower and facilities
- high cost of production of health care services

Hamilton-Wentworth has a great variety of health services. It has more hospital beds per capita, more doctors per capita, and a higher utilization of doctors per capita than does the province of Ontario taken as a whole.** When many services exist with no mechanism to co-ordinate them, there is an automatic potential for duplication of services. Yet this does not mean that the population of Hamilton-Wentworth as a whole is over-serviced; parts may be over-serviced while others are under-serviced. In a fragmented system, it is difficult to ensure an equitable distribution of resources.

The high costs of medical services and the potential for duplication on the provision of these services are problems which have particular significance in the institutional sector because of the costliness of institutional care. These problems, however, are of too wide a scope to be resolved by action solely at the local level; provincial leadership is a necessary condition for their resolution.

Two strategies have been developed by the province to

*Report of the Health Planning Force, 1974

**Data Development and Evaluation Branch, Ministry of Health

operate at the local level in an attempt to create a system of medical care which is less costly and more efficient in its allocation of resources, and in which the services are better coordinated. These are (1) the Homecare Program and (2) the District Health Council Program.

The Home Care Program

The Home Care program provides treatment and support services to persons in their own homes. This program is funded by the Ministry of Health and is operated at the local community level by Boards of Health or other approved agencies. In Hamilton-Wentworth it is operated by the Victorian Order of Nurses. One of the primary objectives of the program is "the avoidance or reduction of the costs of patient care by avoiding the need for admission to hospital or other institution or by reducing the length of hospital stay through earlier discharge to Homecare."*

The services provided by Home Care are:

- visiting nursing services
- physiotherapy
- occupational therapy
- speech therapy
- visiting homemakers
- drugs, dressings, medical supplies
- diagnostic and laboratory services
- hospital and sickroom equipment
- transportation
- meals on wheels

*Data Development and Evaluation Branch, Ministry of Health.

It is very often more economical to have a nurse visit a patient in his own home and to provide related support services than to place the patient in institutional care. Generally the Home Care program limits the number of hours of nursing services to be provided to 40 hours per month, and the nursing service offered is primarily active treatment. Hamilton-Wentworth, however, is one of several areas in Ontario selected to participate in a pilot project whereby a patient may receive 80 hours per month nursing care, and through which long-term care for the chronically ill is provided. This extension of the Home Care program has had the effect of reducing demands for services offered by the Social Services Department of the Region under their Nurses and Homemakers Services program.

The District Health Council Program

The District Health Council concept was announced in 1972 by the Ministry of Health. Local District Health Councils are intended to plan and coordinate health services for a particular geographic area. More specifically, the mandate of a District Health Council is to:

- (a) Identify health needs and consider alternative methods of meeting those needs consistent with provincial guidelines.
- (b) Plan a comprehensive health care program and establish short term priorities consistent with long term goals.
- (c) Coordinate all health activities and ensure a balanced, effective and economical service satisfactory to the people of the district.*

*The District Health Council: Action Centre in Ontario's Health Care Delivery, Ministry of Health, 1974.

A District Health Council should ensure that local health planning reflects local needs, and should identify spending priorities. In addition, by ensuring that the efforts of various health programs are coordinated, District Health Councils should help create a system of health services which is more efficient and more cost effective.

Hamilton-Wentworth had, prior to 1972, a Hospital Council which performed some of the functions of a District Health Council. The Hospital Council also had some operational responsibilities -- it was responsible, for example, for coordinating laboratory services provided by hospitals.

The Hospital Council was, as its name suggests, largely institutionally based. When the District Health Council was established in its present form in January 1976, it was built on the foundations laid by the Hospital Council. The cooperation which had been established between programs in the institutional sector were maintained, but the new organization was structured so that external relationships with health education programs, community health organizations, health professionals and allied health professions in the district would be encouraged. The present membership of the District Health Council reflects this widened scope. Three Regional Councillors sit on the District Health Council.

The District Health Council has several operational or administrative responsibilities. These are:

- administration of a vocational/social rehabilitation program for ex-psychiatric patients
- administration of the Assessment and Placement Service for senior citizens and disabled persons.

The Assessment and Placement Service is a good example of an effort to coordinate and rationalize the services of various health and social agencies with a similar clientele in the community. Senior citizens and disabled persons are assessed as to their needs for various services, and are then referred to the appropriate agencies. This ensures that those who need assistance of a particular type receive it, while at the same time ensuring that the services offered by similar programs are not being duplicated. As a by-product, gaps in services, where they exist, can be identified.

In an effort to ensure equitable distribution of resources within the Region of Hamilton-Wentworth, a sub-committee of the District Health Council is conducting a study concerning the health needs (particularly in the institutional sector) of the east end of Hamilton. While the Region as a whole provides many varied health services, it is important to ensure that those are equitably distributed across the Region. Clearly a group operating at the local level such as a District Health Council is in the best position to make recommendations in this regard.

District Health Councils are mandated to advise and make recommendations to the provincial government, to whom they are accountable. The province may or may not choose to act on the advice and recommendations of the Council. District Health Councils are not accountable to the Regional Government, although there is representation from the Region on the Council in that three Regional Councillors are members. In addition, the Regional Public Health Unit is represented on the District Health Council.

The costs of the District Health Council, and the costs of any operational responsibilities of that Council,

are met 100% by the Ministry of Health. The budget of the District Health Council, not including costs of operating its programs, for the fifteen month period January 1977 to April 1978 is \$205,000. The operating expenses of the Assessment and Placement Service in 1976 were \$152,224, a 47% increase from the comparable figures of \$102,961 for 1972.

CONCLUSIONS

The health field is one which, particularly in a time of government spending constraints, presents a number of concerns. The costs of medical services are constantly rising, for reasons over which a local government has little control. Higher standards of medical care, higher wage settlements of those working in the health field, increasingly sophisticated and costly equipment purchased within the institutional sector are some of the factors contributing to these higher costs. Some increases in costs may be unnecessary; for example, in a fragmented uncoordinated system of services, one program may, in certain respects, duplicate the efforts of another. Yet mechanisms to coordinate the efforts of a variety of programs have experienced varying degrees of success. Any directed coordination of programs means a loss of autonomy for the provider of a particular service, and it is easy to understand, therefore, why coordinating mechanisms such as District Health Councils have encountered resistance in their efforts to fulfill their mandate. It must also be pointed out that agencies with the mandate to coordinate and rationalize services to create a more efficient and cost-effective system can be, in themselves, quite costly. The cost-effectiveness of coordinating bodies should be evaluated on an ongoing basis. Since, however, such bodies are virtually always funded by the provincial government, such evaluation appears to be appropriately located at the provincial level.

Clearly Regional representation on the District Health Council should be continued; such representation permits regional concerns to be presented to a variety of persons involved in the health care system. The Region's concern for

services which affect or are affected by health services (e.g. physical planning, social services) can also be presented in this form.

The one major health service for which the Region has a share of the funding responsibility, the Public Health Unit, appears to be providing a service which is entirely satisfactory. The cost increases in the services which it provides are explainable largely in terms of wage and benefits settlements, a global problem not resolvable at the local level.

Public health services are best provided at the regional level. It has been the policy of the provincial government, long before regional government was introduced, to encourage county-wide health units, including whatever cities might lie within the county boundaries. Economies of scale can be achieved in this manner, and a better range and quality of service assured.

The Health Unit should continue to service the whole area, whether or not there is a single local government serving that geographical region. It would, of course, be preferable if there were such a government, as reporting relationships, budget approval and administrative arrangements are all thereby simplified. It would not be impossible, however, for the Unit to report to more than a single local government, as indeed it did for six years prior to regionalization. Stated briefly, local government organizational preferences from the point of view of public health services, is "the fewer the better."

The question of whether the Health Unit should continue to be responsible to a Board of Health rather than to the Regional Council is an academic one. In effect the

Board of Health is now a committee of Council, augmented by two private citizens appointed by the province. To change the arrangement would mean only that the two appointees would no longer serve. In our view the potential improvements in ease of reporting, accountability, political sensitivity, administrative efficiency, or service effectiveness and improvement are so slight as to be negligible. With so little to gain, it seems unwise to disrupt a system that gives every appearance of working well at the moment.

ACCORDINGLY, WE RECOMMEND THAT: No change be made in the area of responsibility of the Hamilton-Wentworth Regional Health Unit, nor in the composition and reporting relationship of the Board of Health.

APPENDIX A

Formal interviews were held with the following people during the course of the study:

Provincial Government:

Assistant Deputy Minister for Social Resources, Ministry of Community and Social Services (Com Soc)

Child Welfare Branch Supervisor for Hamilton-Wentworth (Com Soc)

Director, Municipal Welfare Consulting Branch (Com Soc)

Regional Director for Hamilton-Wentworth (Com Soc)

Executive Director, Community Health Services, Ministry of Health

Area Planning Coordinator, Ministry of Health

Regional Government:

Chairman, Social Services Committee of Council

Chairman, Macassa Lodge Sub-Committee of Regional Council

Commissioner of Social Services (and staff)

Social Planner in Regional Planning Department

Administrator of Wentworth Lodge

Medical Officer of Health, Hamilton-Wentworth Regional Health Unit

Chief Public Health Nurse, Hamilton-Wentworth Regional Health Unit

Others:

Local Director, Children's Aid Society of Hamilton-Wentworth

Local Director, Catholic Children's Aid Society of Hamilton-Wentworth

Executive Director, Social Planning and Research Council of Hamilton-Wentworth (and Staff)

Executive Director, Family Services of Hamilton-Wentworth, Inc.

Executive Director, Hamilton-Wentworth District Health Council (and staff)

Director, Assessment and Placement Service, District Health Council

Physician, St. Peter's Hospital

Director of Public Relations, United Way

Representatives of the Council of Advocates

APPENDIX BREPORT OF THE FINANCE COMMITTEE

The Finance Committee met at 9:35 a.m., Thursday, April 28, 1977 in Committee Room A, Century 21.

Present: Regional Chairman, Mrs. Ann H. Jones
 Chairman (Councillor J. Bethune
 Vice-Chairman (Councillor) M. Taylor
 Councillors J. Bennett, D. Carson, J. Farnworth,
 Jack MacDonald, R. Morrow, A. Sloat.

Also Present: Messrs. C. Armstrong, J. McAully, D. Buist,
 T. Bunce, Wm. M. Carson, L. Franco, B. Roe,
 H. Schwienbenz.
 Mmes. M. Baker, B. Clark.

Members of Council:

The Finance Committee presents its TENTH Report and respectfully recommends:

1. THAT the following list of grants for Social Service Organization recommended by the Social Services Committee be approved; and
 that the Commissioner of Finance make arrangements to pay the other grants on the basis of a mutually agreed cash flow.

Alienated Youth	\$17,500.
Ancaster Information Centre (formally Ancaster SS)	750.
Big Sisters	760.
Canadian Hearing Society	1,500.
Canadian Hearing Society (one time grant)	4,000.
C.A.P.	350.
Catholic Social Services	11,000.
Central Information Services	24,380.
C.N.I.B.	6,000.
Dundas Community Development	3,420.
Dundas Volunteer Bureau	2,800.
Elizabeth Fry Society	2,160.
Funtact Inc.	10,000.
General Enrichment Project	7,450.
Hamilton & District Association for Mentally Retarded	2,620.
Hamilton & District Council for Parent Participation	830.
Hamilton & District Literacy Council	5,500.
Hamilton & District Mental Health Association	6,840.
Hamilton & District Ostomy Association	700.
Hamilton & District United Way	9,470.
Hamilton Jewish Federation	8,420.
Hamilton Multicultural Centre	25,000.
Hamilton Regional Indian Centre	5,700.
Hamilton-Wentworth Chapter of Native Women	2,160.
Information Dundas	1,000.
Mount St. Joseph Centre	1,000.
North End Information Services	3,420.
North End Residents Organization	3,420.

2. THAT the following grants recommended by the Legislation and Reception Committee be approved and the grants paid:

Federation of Womens Institute (Erland Lee Home)	\$1,000.
Head of the Lakes Historical Society	250.
Regional Police - Criminal Intelligence Service of Ontario - Luncheon	250.

3. THAT the following grants previously tentatively approved, be finalized and that the grants under \$10,000. be paid and that the Commissioner of Finance make arrangements to pay the other grants on the basis of a mutually agreed cash flow.

Wentworth Holstein Club	\$ 100.
Ancaster Agricultural Society	1,500.
Binbrook Agricultural Society	1,500.
Rockton Agricultural Society	1,500.
Hamilton Niagara Ayrshire Club	100.
Wentworth District Jersey Club	100.
Wentworth Niagara Guernsey Breeders	100.
Junior Extension Fund (4H Club)	750.
Wentworth Farm Safety Council	300.
Wentworth Soil Crop Improvement Association	100.
Ministry of Agriculture & Food (Statutory)	500.
South Wentworth Plowmens Association	125.
North Wentworth Plowmens Association	125.
Bach-Elgar Choir	8,750.
Dundas Valley School of Art	1,500.
Children's International Centre	2,380.
McMaster University	35,000.
St. John's Ambulance	2,500.
Boy Scouts	1,500.
Girl Guides	1,500.
Royal Hamilton College of Music	50,000.
Art Gallery	243,900.

4. THAT a grant of \$104,000. for the Hamilton Philharmonic Orchestra be approved.
5. THAT representatives of the Hamilton Philharmonic Orchestra be invited to discuss the accumulated deficit, with the Committee.
6. THAT a grant of \$458,300. for the Royal Botanical Gardens be approved.
7. THAT the representatives of the Royal Botanical Gardens be invited to discuss the progress of the financing of the headquarters extension with the Committee.
8. THAT the following application for consent to issue debentures be approved:

<u>Municipality</u>	<u>Purpose</u>	<u>Term</u>	<u>Amount</u>
Hamilton	Contruction of Local Improvements Alleyway between Steven Street and Tisdale Street	15 years	\$7,756.67

9. THAT the following applications for consent to issue debentures be approved:

<u>Municipality</u>	<u>Purpose</u>	<u>Term</u>	<u>Amount</u>
Hamilton	Improvements to the Upper Wellington Street and Mohawk Road Intersection	20 years	\$210,000.
Hamilton	Widening and re-construction of roads and sidewalks on King Street West from Bay Street to Dundurn Street	20 years	\$285,000.

10. THAT the following application for consent to issue debentures be approved:

<u>Municipality</u>	<u>Purpose</u>	<u>Term</u>	<u>Amount</u>
Dundas	Park Street Storm Sewer	10 years	\$42,000.00

11. (a) THAT the Regional Chairman and Regional Clerk be authorized to make application to the Ministry of Transportation and Communication for approval of subsidies as follows:

\$1,836,750.00 for the Capital Asset Assistance Program
\$2,978,225.00 for Transit Operating Deficit

- (b) THAT the Commissioner of Finance be authorized to petition the Minister for interim and final payments regarding the year 1977.

12. THAT the following Purchasing policies be approved; and

THAT all purchases be in accordance with the budget approved by Regional Council, and subject to the following levels of approval:

- (a) Orders Up to \$3,000. Value:

- (i) Where possible, three quotations be obtained.
- (ii) Be subject to Department Head approval.
- (iii) Be placed by the Regional Purchasing Co-ordinator (City of Hamilton Director of Purchases),

- (b) Orders \$3,000. to \$10,000. Value:

- (i) Require three sealed quotations to be opened at a specific time in the presence of the Department Head and the Regional Purchasing Co-ordinator (City of Hamilton Director of Purchases) or their designates.
- (ii) Be subject to Department and Regional Co-ordinator approval.
- (iii) If necessary in an emergency to maintain the continuous operation of an essential service, be placed on approval of the Co-ordinator without the normal quotation procedure, and subject to confirming approval by:
 - 1) The Chairman
 - 2) The Spending Committee Chairman or Vice-Chairman
 - 3) The Finance Committee Chairman or Vice-Chairman
- (iv) Be subject to approval of:
 - 1) The Chairman
 - 2) The Spending Committee Chairman or Vice-Chairman
 - 3) The Finance Committee Chairman or Vice-Chairman
 if other than the lowest quotation is being recommended.
- (v) Be placed by the Regional Purchasing Co-ordinator (City of Hamilton Director of Purchases).

- (c) Orders Over \$10,000. Value:

- (i) Be subject to tender call.
- (ii) Be subject to Spending Committee recommendation and Regional Council approval.
- (iii) If necessary, in an emergency to maintain continuous operation of an essential service be placed on approval of:
 - 1) The Chairman
 - 2) The Spending Committee Chairman or Vice-Chairman
 - 3) The Finance Committee Chairman or Vice-Chairmanwithout the normal tendering procedure, subject to confirming approval by the Spending Committee and Regional Council.
- (iv) Be placed by the Regional Purchasing Co-ordinator (City of Hamilton Director of Purchases).

THAT orders created by the City Director of Purchases in excess of \$1,000. must be countersigned by the Regional Purchasing Co-ordinator.

THAT all tenders be subject to a non-refundable documentation charge in an amount sufficient to cover the printing costs.

13. THAT legal expenses approved by the Board of Commissioners of Police in the amount of \$28,047.98 be paid; and

that this amount be charged to account no. 0342-0155.

14. (a) THAT the Region accept the tender of Sun Life Insurance Company of Canada to provide the Group Life Coverage.

(b) THAT the Commissioner of Finance prepare an agreement with Sun Life Insurance Company to provide this coverage.

(c) THAT the Region terminate the present life insurance contract with Canada Life as soon as the above agreement with Sun Life becomes effective.

15. (a) THAT the Levy from the Halton Region Conservation Authority be approved for the sum of \$31,543.27.

(b) THAT this amount be paid to the Halton Region Conservation Authority in two (2) equal instalments, on May 15 and September 15, 1977.

(c) THAT the amount of \$2,690. be transferred from the contingency account.

16. THAT the Finance Committee accept the budget for Regional Roads in an amount of \$7,154,500; and

THAT the Commissioner of Engineering and Commissioner of Finance prepare the necessary Ministry of Transportation and Communication Subsidy petition for the signature of the Chairman and Clerk based on this budget.

17. THAT the Ministry of Government Services be advised of the Region's interest in their offer to lease space in the proposed tower rising from the Trade and Convention Centre; and

that a Committee consisting of Regional Chairman, Mrs. Anne Jones, Councillors, J. Bethune, M. Taylor and Jack MacDonald be authorized to negotiate with the Ministry in this regard and report back to the Finance Committee.

* * * * *

For the information of Council:

- (a) The Committee agreed that the Personnel Committee be requested to review the Regional staff complement with the objective of either maintaining the present level or reducing it and report back to the Finance Committee by July 1st.
- (b) A preliminary comparison of 1976-1977 taxation, prepared by the Finance Department, was received.
- (c) A comparison of the City's budget and the Region's budget of 1977 road projects, was received.
- (d) The Committee agreed that the draft 1977 Current Budget and Summary report #068-77 from the Commissioner of Finance, be tabled until all budgets are finalized. It was agreed, however, that copies be forwarded to all members of Council for information purposes until final recommendation can be made by the Committee.
- (e) A letter from the Ontario Municipal Board approving the Region's 1977 Interim Capital Expenditure Quotas, was received. The Committee was advised that this information has been conveyed to the Area Municipalities.
- (f) A report on Group Life Insurance, prepared by Kenneth G. Brown & Associates Ltd, was presented by Mr. Thompson of that firm.

Respectfully submitted.

J. Bethune,
Chairman



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